

22500610906

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

EDITED FOR THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION,

BY
ROBERT J. N. STREETEN, M.D.,

SECRETARY TO THE ASSOCIATION.

1844.

LONDON: JOHN CHURCHILL, PRINCES STREET, SOHO,
WORCESTER: DEIGHTON AND CO., HIGH STREET.

MEDICAL & SURGICAL JOURNAL.

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PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

EDITED BY ROBERT J. N. STREETEN, M.D.

ON ARSENIC AS A POISON; ITS TESTS AND ANTIDOTE.

By E. J. SHEARMAN, M.D., ROTHERHAM.

Read before the Sheffield Medical Society,
March 7, 1844.

Arsenic is a substance so commonly used for criminal purposes, and so little under the control of any chemical substance as an antidote, that it is very desirable to establish some certain mode of *detecting* and *showing* it so clearly that medical practitioners may be able to swear, *most positively*, as to its existence or not.

The late trial of Madame Lafarge, in France, although the chemical and physiological parts of it were conducted by some of the first men of the age, terminated in such a manner as to convince most English chemists that the proof of arsenic having existed in the body of Lafarge, was not established in so distinct a manner as would have carried conviction in this country; and, as I took great interest in it whilst it lasted, I was led to attend to the subject.

In order to show the existence of arsenic in a court of justice in England, we should be enabled to prove the following facts so satisfactorily, that a jury may not only *see*, but *perfectly understand* them.

1st. The *metal* should be produced either from the contents of the stomach, intestines, or urine, if the patient should survive; or, if dead, from those and some part of the body.

2nd. We should be able to prove that the animal substances experimented upon were the excretions, and parts of the patient's body only; *unmixed with any other matter*.

3rd. We must also prove that the tests we use to show the existence of arsenic have *not a particle of arsenic in themselves*; and this requires great caution, because a skilful advocate might make a guilty prisoner appear innocent, owing to this omission.

4th. As *antimony, bismuth, tin, zinc, lead, tellurium, cadmium, selenium, and potassium*, sublime in a somewhat similar manner to *arsenic*, and *may be mistaken for it*; it is quite necessary for an inexperienced eye to guard against such a mistake.

It is therefore my intention, in as simple and clear a manner as I possibly can, to endeavour to show that arsenic can be tested from the most minute particle, so clearly that an unscientific person cannot mistake it; and, also, that this can be done easily, without using any chemical substance known to contain arsenic.

The most common and efficacious manner of proceeding, when the contents of the stomach, or a decoction of the stomach, liver, &c., in distilled water, is to be operated upon, is that recommended by Dr. Christison. The first point is to get rid of the animal matter. After boiling for half an hour in distilled water, the solution

should be filtered. This is a tedious process. When you have obtained a clear solution, animal matter may often be deposited by adding strong acetic acid, which coagulates the casein. Neutralize this acid with potass or ammonia, and then try the sulphuretted hydrogen test. If this does not act, all you have to do is, slowly to evaporate the solution to dryness in a porcelain dish, redissolve it in distilled water, and when cold, filter. This process, several times repeated, eventually gets rid of the whole of the animal matter.

I had an opportunity of proving this a few years since, in the case of a cow belonging to a nobleman in the neighbourhood, which had been evidently poisoned. Mr. Peach, our eminent veterinary surgeon, was called in, who not being willing to give an opinion as to what was the poison, his lordship begged of me to try to ascertain it. At that time the stomach and its contents had been buried a day or two, and I had to pick out any part that appeared inflamed to operate upon. The animal matter in this case was very large, but by attending to the above rules, I obtained a sufficient quantity of arsenic to have convinced, as I then thought, the most sceptical of its presence. I showed the crust I procured to Mr. West, of Leeds, who said there was no substance but arsenic capable of showing that appearance.

When a clear solution is obtained, with but a small portion of animal matter in it, the *ammoniacal nitrate of silver* gives a *lively lemon-yellow precipitate—the arsenite of silver*. The *ammoniacal sulphate of copper* gives an *apple or grass-green precipitate—the arsenite of copper*. And the transmission of *sulphuretted hydrogen gas* through this solution, previously neutralized, and then slightly acidulated with acetic acid, throws down an abundant *sulphur-yellow precipitate—the sulphuret of arsenic*.

It is the best plan to boil the last precipitate in the solution a few minutes, which drives off the excess of sulphuretted hydrogen gas, and allows the whole of the sulphuret of arsenic to deposit. This is to be collected on a filter; dried on a watch glass; introduced into the bottom of a bulb tube, and covered with black flux, or what is perhaps better, freshly ignited charcoal. The tube is then to be heated by a spirit lamp, first at the part just above where the flux is, and then gradually below, so as to sublime the metallic arsenic all round the tube; which forms a *brilliant polished metallic appearance*, that cannot be easily mistaken when once seen: and which I once heard given in evidence as the only proof of arsenic in one of our courts of justice:—the fallacy of which opinion I think I shall be able to prove.

The metallic arsenic should afterwards be oxidized by the heat of the spirit lamp and the oxygen of the air, and driven up the tube, so as to allow it to form *octohedral crystals of arsenious acid, with triangular facets*.

In estimating the process which I have now

described, an English jury would wish to know, before they condemned a fellow creature to death, *if there is no other mode of detecting and proving arsenic; and if no other substance gives the same crystals as arsenious acid?*

This gap was, in a degree, filled up, by Marsh's hydrogen test; where hydrogen gas is generated from zinc, sulphuric acid and water, and the suspected substance in solution added to it; if arsenic be present, hydrogen has such an affinity for it, that it will combine with the whole of it very quickly. The arseniatted hydrogen being ignited, the *metallic arsenic* is deposited on porcelain or glass, which can be seen in *rhomboidal crystals* with a powerful microscope.

The only objection to this test is, that you are obliged to use *zinc*, which is known often to contain *arsenic*: and, although it shows the most minute portion of arsenic that can possibly be exhibited, yet, *how can you swear that, after the first layer of zinc is oxidized, there may not be some arsenic in the next?* for we know that arsenic runs in veins of the zinc ore.

The next test I would describe is that beautiful one of Professor Reinsch, modified by Christison, which is well suited for detecting arsenic in animal and vegetable substances. Mix the suspected matter with distilled water: add at least two drachms of pure hydrochloric acid to every eight ounces of fluid. Put a few bits of very thin and bright copper plate into it, boil for half an hour, and the arsenic will be gradually deposited on the copper plates. We have here for analysis, animal matter in solution with arsenious acid by heat, hydrochloric acid, water and copper. As far as I can ascertain at present, the following is the result. The water and arsenious acid are both decomposed: the oxygen of the water unites with the copper, forming oxide of copper: the hydrogen of the water unites with the metallic arsenic, forming arseniatted hydrogen, which is decomposed by the oxide of copper—the metallic arsenic of the arseniatted hydrogen forming a coat on the oxide of copper; while the free hydrogen goes to combine with another portion of the oxygen of the arsenious acid, and forms water: thus accounting for the gradual coating of the copper with arsenic. The hydrochloric acid unites with the ammonia of the animal matter as it is decomposed by the heat, forming hydrochlorate of ammonia; and, if in excess, remains free in the solution. These arseniatted copper plates are to be taken out, cut into small chips, introduced into a bulb tube, and exposed to a low red heat over a spirit lamp, and the *arsenious acid* is sublimed in *octohedral crystals with triangular facettes*. These may be rendered more distinct if you turn out the copper chips, close the tube with the finger, and chase the oxide up and down with the lamp. By dissolving this oxide in distilled water, you may go through the whole of the former tests.

A very easy mode of ascertaining the *exact weight of arsenic* in any given quantity of fluid, would be to previously weigh the dry glass tube before introducing the arseniatted copper chips, and to weigh it again after the arsenious acid is sublimed; the copper being removed, the increase in weight would give the quantity of arsenic.

A most ingenious, scientific and elegant mode of detecting arsenic has lately been introduced by Robert Ellis, Esq., of University College, London; to whose polite attention I am indebted for his apparatus, made entirely of glass, in which I have now the pleasure of exhibiting his plan. He has discovered that the oxides of copper have such affinity for arsenic, that by merely passing arseniatted hydrogen over them, a double decomposition takes place; caloric is given out; the oxygen of the copper uniting with part of the hydrogen, forms water, which is seen in the process; the arsenic of the arseniatted hydrogen uniting with the copper, forms arseniuret of copper:

the remaining hydrogen being set free. This arseniuret of copper may be easily sublimed in a glass tube; when the whole of the *arsenious acid* will be deposited in *thick brilliant clusters of octohedral crystals* on the tube.

The objection urged against Marsh's apparatus, will, of course, equally apply to this, in being obliged to use zinc for the generation of hydrogen.

There is another test which I think deserves more attention than it has yet met with—viz., the *decomposition of distilled water by galvanism, to which the suspected solution is added, with pure sulphuric acid*, collecting the hydrogen from the negative pole or zincode of Smee's battery, igniting it, and examining the stain left in a glass tube open at both ends. If there is the smallest particle of arsenic, the hydrogen will combine with it, and you then have a stain of *metallic arsenic with rhomboidal crystals*; through you may oxidize, collect, and dissolve in water; go through the fluid tests, reduce the sulphuret in a tube, and sublime it into arsenious acid again. This is the most delicate test known, and is perfectly free from the charge of using any substance in which arsenic can exist; on which account I think it the most valuable of them all, and the one to which I would this evening particularly direct the attention of the Society.

I have likewise combined this mode of producing arseniatted hydrogen with Ellis's plan of testing it by the oxides of copper, and have succeeded in obtaining decided crystals of arsenious acid by it; thus doing away with the necessity of using zinc.

The most likely substance to be mistaken for arsenic by any of these tests is *antimony*, because *antimony sublimes into the same kind of crystals as arsenic does*. But by attending to the following rules the two substances may, I think, be easily distinguished.

Metallic arsenic sublimes at a heat of 356° without liquifying into rhomboidal crystals; arsenious acid sublimes at 380°, into octohedral crystals; metallic antimony sublimes not under 810°; and on cooling, acquires a highly lamellated texture, and yields octohedral crystals like arsenic. After you have obtained a deposit of the suspected metal in a glass tube, if you heat the tube gradually by a spirit lamp; should the metal be arsenic, it sublimes on the cool part of the tube into octohedral crystals; which can be dissolved in water, and tested by the three fluid tests. If it is antimony, it first produces dense white fumes, and an amorphous white powder is deposited; and the heat being kept up, the tube is lined with a white crust, which is insoluble in water.

By this method, both arsenic and antimony may be tested at the same time. Arsenic will be sublimed in oxide at the cool part of the tube: antimony remaining at the hot part.

In the reduction test with sulphuretted hydrogen gas, it should be carefully remembered that the sulphurets of antimony, tin, selenium, cadmium, and tellurium, have nearly the same yellow colour, and are deposited in the same manner as the sulphuret of arsenic; and when reduced to their metallic state with black flux, they not only give an appearance so much like arsenic, that it requires a very practised eye to distinguish each—if even that be possible, but tellurium and cadmium also exhale a garlic odour, like arsenic.

L. Thompson, Esq., has shown that *antimoniumretted hydrogen* when ignited, not only gives a stain very similar to arseniatted hydrogen, but also that the smell of both are very similar, and suggests the following mode of distinguishing them:—Dissolve the crust left on the glass by a drop of nitric acid: evaporate it to dryness, and a white powder will be left in either case: add now, a little weak solution of nitrate of silver, and expose it to the fumes of ammonia from a glass stopper. Antimony will give a white precipitate, and arsenic a yellow flocculent one. In answer to the above objection, Marsh proposed the following

ingenious plan:—Moisten the porcelain or glass with a drop of water, and hold it an inch above the flame of the jet of burning hydrogen: the arsenic, if any, will be oxidized at the time the hydrogen is undergoing combustion, and is dissolved in the water as arsenious acid; which can be proved by adding a drop of a solution of nitrate of silver to it, which gives a lively lemon-coloured precipitate, while the colour of antimony will not be changed. But I have so repeatedly found phosphuretted hydrogen give the same results, that I cannot think this test can be depended upon.

The question then comes—*how can a witness swear most positively that a substance is arsenic, and nothing else?* And how can he convince an unscientific jury of that fact? I think, only in the following manner:—

1st. *By producing the metal and showing its crystals.*
 2nd. *Reducing it to the oxide, and showing its crystals.*
 3rd. *From these crystals going through all the fluid tests.*
 4th. *Reducing the sulphuret again to its metallic state, then to the oxide, and again going through the fluid tests.*

5th. And if this be shown clearly, with all the before mentioned tests, it will be impossible for any advocate to mislead a jury.

There is no substance but antimony that will form crystals like arsenic, which can be mistaken for arsenic by any other test.

It is not at all necessary here, to describe the symptoms attending poisoning by arsenic; but I would remark that there may be a great deal of injury done by improper interference with the stomach pump, in consequence of the softening of the sub-mucous cellular tissue from acute inflammation. As far as I have been able to collect from the best writers on this subject, the following is the most successful mode of managing these cases. If called in immediately after arsenic has been swallowed, use the stomach pump at once: inject large quantities of milk; or, if not at hand, mucilage or groat gruel, and withdraw it again repeatedly. Or if the stomach pump is not ready, and vomiting does not exist in consequence of the effect of the arsenic, it should be promoted (in a case where there will be no legal inquiry instituted) by giving a large dose of sulphate of zinc immediately, shortly followed by copious doses of the *moist hydrated per-oxide of iron*, in water or milk, until you can procure it. But when the life of a fellow-creature will depend upon the evidence given as to the chemical proof of arsenic having been exhibited, it was suggested by Dr. Favell, the President, that either sulphate of copper or mustard should be used as an emetic, instead of zinc, to prevent the possibility of an advocate having it in his power to say that zinc had been used in any form. Although pure crystallized sulphate of zinc could not possibly contain arsenic, I think this is a very proper precaution.

The only antidotes which have been discovered for arsenic are the *moist hydrated per-oxide of iron*, and the *moist hydrated per-sulphuret of iron*. A few years ago I tried the effect of the hydrated per-oxide of iron on six dogs of the same age. I gave each of them ten grains of oxide of arsenic in various forms. The first was killed with it in four hours. In the second, I allowed half an hour to elapse before I gave the iron: he died. To the third I gave the iron with the arsenic: he never had a symptom of poisoning. The fourth I killed with the iron, as it was not well prepared. The 5th took the iron a quarter of an hour after the arsenic: he was very ill several days, but perfectly recovered. The 6th took it half an hour after the arsenic, and died the following day. I examined the stomachs of all the dogs that died, and found them exhibit the highly injected diffuse red appearance so well described by Drs. Hope, Carswell, and Roupell, in their plates.

I have lately given dogs and rabbits large doses of arsenious acid in solution and powder; and immediately afterwards large doses of the *moist hydrated per-*

oxide of iron, and then killed them within a short time. The stomachs have shown patches of inflammation, but no arsenious acid could be detected by Reinsch's method, the copper plates having merely a scaly deposit of iron upon them; nor could arsenious acid be detected in any other way. This is a strong presumption that the whole of the arsenic was reduced to its metallic state. So that, from the results of my own experiments, and the accounts I have read of the successful use of the hydrated per-oxide of iron as an antidote to arsenic in the human subject by many practitioners, I am induced to place great reliance on this substance.

In the 1st vol. of the London Medical Gazette, for 1841-2, page 116, is a communication from the celebrated Dr. Beck, containing an account of no less than *twenty-nine successful cases of recovery from poisoning by arsenic*, by the prompt use of the *moist hydrated per-oxide of iron in the human species*. And I could point out more, which I have observed related in the journals.

The last edition of the Edinburgh Pharmacopœia gives a very good formula for preparing this antidote, under the name of "*Ferrugo*." It can be kept good, and fit for use, in stoppered bottles, covered with water. I respectfully beg to suggest to my medical brethren, that they provide themselves with a proper supply of it, so as to be ready in a moment. A table-spoonful should be given in plenty of water, every five minutes, to an adult; and a dessert-spoonful to a child, until relief from the urgent symptoms is obtained. *It is perfectly inert if kept dry.* Dr. Golding Bird has mentioned that the hydrated per-oxide of iron may be extemporaneously prepared, by adding one ounce of liquor potassæ, to half an ounce of tincture of sesquichloride of iron. This may be almost always obtained in a short time from any druggist.

I have never tried the moist hydrated per-sulphuret of iron, but have no doubt it may act as an antidote, by reducing the oxide of arsenic to a sulphuret, which is much less poisonous. The hydrated per-oxide, I should think, acts by the free hydrogen combining with the oxygen of the arsenic, forming water, and leaving metallic arsenic, which is insoluble and inert, behind.

The carbonate of iron is mentioned as another antidote, but I should prefer the others.

The *stomach pump* should never be used after the arsenic has had time to act on the mucous membrane, as it is very liable to penetrate through all the coats of the stomach.

Arsenietted hydrogen gas is the most destructive mode of introducing arsenic into the system. Several deaths have been recorded from it; and I would mention, with the most sincere regret, the state into which it has brought a most intelligent and valued pupil of mine. He is the inventor of the present mode of gilding and silvering by galvanism. Zinc is most extensively used in the works which he has superintended, and he has so long breathed an atmosphere of arsenietted hydrogen gas there, and in his private experiments, that it brought on a peculiar kind of epilepsy, much like what is described by Dr. Christison, which has latterly been gradually increasing; and his intellect, which was once one of the brightest, is now reduced nearly to fatuity.

There are a few more observations closely connected with this subject, which I should have taken the liberty of making, but I fear this paper will be considered too long already. It now only remains for me to thank you for so patiently listening to this very imperfect digest of so important a subject; and if the errors I have either committed or omitted, should lead my professional brethren to attend more minutely to the subject, and point them out, I shall with great pleasure receive their reproof and instruction.

The whole of the experiments described in this paper, with the pathological appearances of the stomachs, were satisfactorily exhibited to the Society.

CASE OF MALIGNANT DISEASE OF THE HUMERUS.

BY W. NEWNHAM, ESQ., FARNHAM.

The subject of the following observations was in his 17th year—was a youth of considerable talent and most amiable manifestations of mind; he had distinguished himself at Harrow, and was equally admired and beloved by those who knew him.

Generally speaking, he was a very healthy person, but when he returned home from Harrow, at the Easter vacation of 1843, he was out of health, and complained of headache, and of inability to fix his attention upon his usual objects of study, without bringing on pain of the forehead, and general distress of the nervous system. His pulse was rather feeble, but not quickened; and the tongue was not loaded, but whitish; in fact, a cerebral tongue; and it seemed evident that the brain had been overworked. The principles of treatment were very clear, viz., to moderate the work of the brain, and to rouse its energies, so as to bear with impunity the ordinary studious habits of an aspiring and talented young man. He did not return to Harrow after the recess, but remained under my care till I could conscientiously give him his “exeat” from home, and allow him to resume his scholastic duties.

Previously to his return, he consulted me one day in May last, for an affection of the upper arm, which he told me he had hurt while playing with his sisters. I confess I thought very little of this injury, believed it to be an undue stretching, or, perhaps, rupture of a few of the fibres of the deltoid, and trusting that quiet and patience would soon make all right again, I prescribed some liniment, and thought I should hear no more of it.

He returned to Harrow, whence I continued to receive good accounts of him from time to time. Again in August he came home, and his anxious friends were immediately struck by his not looking well; by the powerlessness of his arm; by the pain produced when it was attempted to be placed in certain positions, and by the fact elicited from him, as a matter of history, that any shock communicated to the arm gave him great pain.

It so happened that just at this period I had left home on a tour in search of health, and, in consequence of this absence, he was taken to town to an eminent surgeon, well known to the family, and of whom, as they were well aware, I entertained the highest possible opinion. Another surgeon being at his house at the time, my patient had the advantage of their combined opinion, which was, that there existed “fracture of the anatomical neck of the humerus,” and accordingly the arm was put up with splints, and appropriate bandages, &c. A fortnight afterwards he was again taken to London, when it was pronounced to be improving—that the process of union had evidently advanced—and that the patient was going on well.

On my return to Farnham, I visited my young friend at the very latter end of August; I considered the whole matter, and at my next visit, which, by the date of the subjoined letter, I see was on the 30th, I ventured to express my doubts as to the reality of the fracture of the anatomical neck of the humerus. I was at once requested to write to my friend ——— and state those doubts to him, which I did immediately as follows:—

Farnham, Aug. 30, 1843.

My dear Sir,—Since my return from a tour in search of health, among the Welsh mountains, I have visited my young patient, ———, whom, I understand, you have seen during my absence, and have judged the accident, which he met with last May, to have been “fracture of the anatomical neck of the

humerus.” The kindness and friendship which you have always shown me, induce me to venture the following doubts upon the subject; drawn—

First, from the nature of the accident.

Secondly, from its immediate consequences.

Thirdly, from the effects of treatment.

1. The nature of the accident. It arose from his throwing a pillow across the room: could muscular power have so acted upon the “anatomical neck” of the sound humerus as to fracture it? There was no external violence of any kind.

2. The immediate consequences of the accident were violent pain, such as would have occurred from the rupture of muscular fibre, &c., and some loss of power to execute certain muscular movements; but there was no entire immobility of the limb, no necessity for its being supported; on the contrary, he carried the arm without support, he dressed and undressed himself, wrote, rode on horseback, even played at cricket: the chief inconvenience which he felt was in raising his hand to his head, as in the act of bowing, &c. Could all these things have been if the shaft of the bone had been separated from its head?

Again, at this time, there was no shortening of the arm, no perceptible deformity: but if the bone had been thus divided, would not muscular action have necessarily pulled its shaft inwards, forwards, and upwards?

3. The effect of treatment:—I have not, of course, removed the splints; I have merely readjusted the external bandage, and tightened the straps. But if the anatomical neck were broken, would not the effect of raising the elbow, as in the present apparatus, necessarily be that of aiding the muscles to pull the broken shaft forwards and upwards?

Forgive me, my dear sir, if I have not stated my doubts with sufficient deference to your superior judgment; all who know me, also know how supereminently I value your opinion; but with you or with me, I trust that a truth, which is, or may be of consequence to a patient, is valued more highly than coincidence of opinion.

Always believe me to be,

&c. &c.

To this letter an answer was sent by return of post, couched in the kindest and most friendly terms.

It was stated that the designation of fracture of the anatomical neck of the humerus was given rather by the other surgeon present, than by himself; that for himself, he should have said simply “neck of the humerus, leaving it open as to whether the course of the fracture was transverse below the tuberosities, or oblique, and separating the great tuberosity with the shaft, from the head and small tubercle, held by the subscapularis muscle. The obliquity of the fissure, and the extent of the surface of crepitation, rather conveyed the impression of a split bone to my mind, than a transverse fracture. Of the separation of the shaft from the head of the bone by fracture, not a doubt existed in either of our minds; nor, I venture to say, would it have existed in yours. The round obicular projection of the deltoid, the pulling or drawing forwards and inwards of the shaft, giving a remarkable width to the joint; the perfect facility of communicated motion in all directions, the pain of overhand motions, and the patient's incapacity of performing them but by a jerk from the trunk, and never without pain; the plainness of the fissure to be felt by the surgeon's fingers, the pain it gave the patient when pressed there, and the very perceptible crepitus put the fact of fracture beyond doubt.

“The most remarkable circumstance attending the case, is its non-discovery for so long a time; not its occurrence, for this I believe may, and does, though

not often, result from strong muscular action; such as is competent to lacerate the muscle itself, might do it in a young subject. This common, painful, and laming accident was so obvious to conjecture, that perceiving through the clothes that the stump of the shoulder was not flattened, I immediately attributed the mischief to this cause. But in stripping to examine, which had not been done before, the interval that had elapsed only confirmed the deformity, and the father of the patient, Mr. —, observed that it had never been free from pain, if extensively elevated, or touched by a schoolfellow, though the underhand motions he could perform without pain.

"On examining it at the end of three weeks, both — and myself were of opinion that the process of union had fairly commenced (ligamentous though it might be), that the fissure was considerably less perceptible, and no crepitus given on gentle rotation as before; and I believe that the hollow, or cupped splint, has operated most beneficially in keeping the broken parts in contact and at rest. The cervix scapulae, coracoid process and head of the humerus, were sound and in situ; indeed, the appearance had no resemblance to luxation, independent of fracture; and the elevated and advanced position of the top of the shaft, *i.e.* the inferior fragments, would be explained by the action of the great pectoral, clavicular portion of the deltoid, and coracobrachial. Except for the quieting of muscles by more complete rest, and taking off the weight of the forearm, I agree with you that the trough for the elbow and flexed forearm, was not called for; but I think it contributes greatly to the objects of immobility and security in all upper-arm and shoulder injuries. I think you are premature in your third head—effect of treatment—which, unless you had examined the case when I did, you could hardly appreciate if now subjected to your examination, and not at all without this advantage.

"Believe me, my dear Mr. Newnham,

"&c. &c."

Not at all convinced by this letter, which, though it enfeebled some portion of my argument by shifting the injury from the *anatomical* to the *surgical neck* of the humerus, yet left the main scope of my reasoning untouched. I next suggested that I should accompany the patient to town, for the purpose of consulting with my friend personally; but this was frustrated by its now being the beginning of September, and by his leaving London for his annual period of relaxation. I was then requested by the friends to take charge of the case.

My young patient was now beginning to suffer a *great deal more pain* than he had done—apparently from the pressure of the splints and bandages. Of course this was incompatible with the quiet process of union which was supposed to be going on; and the apparatus was removed for the purpose, *first*, of ascertaining whether this pain was occasioned by any uneven pressure. Upon removing the bandages, almost the entire upper-arm was found to be much swollen, with increased heat and redness. It is needless to say that the splints were not reapplied; an evaporating lotion was employed, and absolute rest enjoined. This accidental, and common inflammatory action, no doubt aggravated by the pressure of the bandages under the *existing circumstances*, subsided in a few days, but left behind it what appeared to his father to be a *great increase of the swelling*, since he had seen it *last opened in London*. From the examination which I now made, and which was very gentle, for very slight movements gave him exquisite pain, I could perceive no loss of continuity between the shaft of the humerus and its head. I could not discover the sulcus in the body of the bone referred to in the above letter. I could discover that the upper half of the bone was implicated in the disease, and enlarged, the principal swelling, however being at the superior extremity, and immedi-

ately below the acromion scapulae. At one part of this general swelling, there was a greater degree of prominence, evidently occasioned by some increase of the tumour underneath the insertion of the pectoralis major. My impression at this time was, that whatever might have been the original mischief, we had now to contend with an advanced stage of inflamed bone; and, while the idea of malignant disease was apprehensively present to my mind, I fondly hoped that it might be a case of necrosis, and, as I then stated, I should only be *too happy* to have suppuration set up in the bone; for, frightful as might have been the result, it appeared as nothing when compared with the horrors of malignant disease. The case was now treated accordingly. As soon as the simple inflammatory action had subsided, the iodide of potassium ointment was freely rubbed in upon the shoulder, and that medicine was given internally in combination with sarsaparilla, &c., and an appropriate diet.

As yet, the health did not seem to suffer materially; but the swelling of the arm was never controlled; it went on increasing, and ever increasing. Having thought, for some time, that I could perceive a deep-seated fluctuation in the prominent part of the tumour before mentioned, under the pectoral muscle, I determined on inserting a fine lancet, in the hope of eliminating pus, and relieving my suffering young friend. This was effected on the 30th of September, but to my extreme regret and mortification, no pus followed—while the few drops of intensely black blood, and the widely gaping wound, too surely told the malignant nature of the tumour, and too fully revealed the expectation that we should have fungoid structure sprouting immediately. Fully sensible that nothing but the entire removal of the disease could now save my patient's life, yet doubting the possibility of securing even this result, I immediately requested a consultation with —, who had not yet seen the case, and who most kindly came out from his retirement in order to give us the benefit of his counsel. This consultation occurred on the 4th of October, and the result was, an entire confirmation of my worst fears; no doubt of the malignant nature of the disease, and a decision against any operation, from the situation and extensive connexions of the tumour, and the impossibility of removing it with any hope of eventual success. It was recommended that we should push the present system more actively; and cautiously, but fully, give a fair trial to IODINE, in gradually augmented doses, as far as the system could bear it; not so much from any real hope of success, as from feeling that it was the only remedy within our reach, and that the patient ought to have the benefit of the trial. This was given in union with steel wine; and morphine, which had been already exhibited for some weeks, in order to allay the intense pain and nervous irritability of the system, was to be increased according to the exigencies of the case.

No practical good can arise from following the deepening shades of destructive malady, or recalling scenes of exquisite suffering, and of the most deeply harrowing and agonizing character. Suffice it, therefore, only to say, that the treatment seemed to exert no influence in arresting the malady—the tumour continued daily to increase—the fungoid structure to sprout—two other fungi shot up from two spontaneous ulcerations—a third, and still larger, was daily expected: the digestive function gave way. A few days before his death, a considerable sanious discharge took place from the wounds, and the system, worn out by pain and irritation, and defective nutrition and discharge, finally gave way, and death put a period to this extremity of human suffering on the 20th of November, about six months from the accident alleged as the cause of this mischief.

The following are my notes of the post-mortem examination which took place forty hours after death,

and was conducted by my partner, Mr. Sloman, and myself.

Secio Cadaveris.—Æt 17.—40. horis post mortem.

External appearances—great emaciation, but a well-proportioned body, with the usual degree of development; and a particularly well-formed, fine chest.

A large swelling of the right shoulder and upper arm, measuring in its largest circumference 32 inches, from which protruded three fungoid excrescences: rapidly advancing decomposition: the tumour, which had been tense and firm, had become soft, and evidently contained much fluid matter.

This fluid matter was evacuated partly by puncture, partly by being laded out with a teacup: and in these ways about six pints of a thickish dark-coloured grumous matter were removed; as also, three small and undefined portions of bone, not yet thoroughly decomposed. In this fluid matter was also found, in a state of ulceration, the cartilaginous structure which had originally formed the covering of the head of the humerus in the glenoid cavity: no trace of the said head of the humerus was discoverable. There was no trace of muscle; the remaining more solid mass consisted of that kind of encephaloid degeneration, which is usually found in this species of malignant tumour.

As regards the bony structure, two-thirds of the shaft of the humerus, with its articulating head, were gone, and not to be traced at all; of the remaining third, about one half was in a rapidly advancing state of decomposition; and the remainder, close to the elbow, appeared to be sound. Of the SCAPULA, the acromion process had been consumed, the coracoid process partially so—only a small portion of its articulating surface remained—and in that, ulceration had already far advanced. The first, second, and third ribs were deprived of their coverings, and were perfectly rough and scabrous. The clavical was extensively involved in the same destruction for about two-thirds of its length.

About four ounces of serum were found in the right pleura; at the lower and under part of both lungs, but especially of the right, were found many encephaloid tubera of the same description; and in the right lung, one of these equalled in size a walnut: the upper portions of both lungs appeared sound.

The heart was small but healthy.

The liver was *enormously* enlarged, extensively granulated, of too light a colour, and possessing several similar tubera, similarly situated.

The mesenteric glands were generally enlarged—*many* much so—and all assuming more or less the same kind of tubercular appearance.

The kidneys were enlarged, and seemed to have undergone a similar degeneration.

There were some scybala in the colon; the coats of the stomach were thickened but not diseased; the spleen, pancreas, and bladder, were healthy.

The head was not examined.

REMARKS.

I. It is important always to attend to apparently slight injuries, for although no other treatment could have been adopted in the present instance, and although the most careful examination would, I am persuaded, have thrown no new light upon the subject, yet it would have afforded a satisfactory answer to the subsequent difference of opinion; and on some other occasions, much ultimate mischief may possibly be prevented by a minute acquaintance with what appears to be a trivial injury.

II. The accident was not the cause of the subsequent disease. It is quite absurd to suppose that the mere tossing a pillow across a room should produce malignant disease, which should destroy life in six months. The only satisfactory conclusion to be drawn from this fact is, that dormant morbid action had

been insensibly going on in the part, in all probability covered in by the fibrous structure of the periosteum, or by some adventitious investiture of its own, which cracked or gave way under this unusual movement of the arm, and afterwards assumed a sure and steady, though at first slow, and eventually rapid progress, to the destruction of the parts, and of life itself.

III. Had the state of health at Easter, 1843, anything in common, with the subsequent malady? I am not prepared to trace this connection; and yet on reflection, I do not now think that the state of apparently overworked brain could be fairly attributable to the duties of school, in a youth whose abilities were far above par—who had therefore not undergone any especial labour—and whose position had long since placed him beyond the annoyances of “fagging.” My belief is, that that state of brain was produced in part by the *impending physical evil*, which operated as an unseen and an unknown irritant to the nervous system; and that perhaps both the one and the other were the product of a constitutional diathesis, the effort to trace which up to its *final cause*, would be just as fruitless, as the search after *final causes* in general.

IV. It is quite impossible in a review of this case, to pass over the question of *fracture* or *non-fracture*, especially as the examination after death does not aid its determination; and while I avow my own belief that no fracture existed till the continuity of the bone was destroyed by the destructive progress of the disease, I must leave it to the profession to determine whether my reasoning is sufficient or insufficient.

a. If the bone were *broken*, independently of disease, such fracture must have resulted either from *muscular action*, or *external violence*.

We are well aware that some bones, which have fixed or ligamentous attachments on the one hand, and on the other, form themselves the points of insertion for very strong muscles, as the patella, the olecranon, and, less frequently, the calcaneum, are thus fractured by violent muscular action; but it is obvious that in the present case we want both the fixed point and the muscular agency, which shall be capable of separating the *head* of the humerus from its *shaft*.

External violence there was none: therefore according to a priori reasoning there could be no fracture.

b. The fracture of the neck of the humerus must involve immediate deformity, immobility of the limb, pain, swelling, tension,—all of which sensible signs of fracture were absent.

c. But we must examine minutely what was the state of things in August, when my patient went to London.

As it appears to me, the *first impression* on stripping him, was that the case was one of fractured neck of the humerus; and this first impression thus produced, gave its prevailing tinge to all the subsequent examination. Every one who has at all watched the influence of first impression or preconceived opinion, upon the subsequent stages of apparently unbiassed investigation, will have perceived that such impression or opinion does almost always exert a tyrant sway upon the mind, and compel it, in spite of itself, to see every object through its own medium.

That such was the case in the present instance appears, first, from the different shade of opinion, exhibited by the two consultants, the one characterizing the state as “fracture of the anatomical neck of the humerus,” thus marking the course of the fracture as so completely transverse, that it occupied only an imaginary line, possessing neither breadth nor extension; the other conceiving that the fracture was *oblique*, conveying the impression of a split bone, perceiving a fissure or sulcus of considerable length, and confirming these views by the extent of the surface of crepitation.

It is obvious, that with opinions so *varied*, formed by observers at the same moment, the case could not

have been *well defined*; and the probability exists that neither judgment could have been correct.

Both, however, concur in the *existence of fracture*, but as the *altered form* of the shoulder is to be accounted for on a different hypothesis, and as the two are not agreed as to the *nature and extent* of the injury which the bone has received, the only *SENSIBLE sign of fracture on which they ARE agreed, is the presence of crepitation*. But this of itself is insufficient to establish the existence of fracture, because fracture may exist *without it*, if the fragments are not in contact with each other, and if there are no inequalities in the new surfaces; and therefore crepitation might not have existed in the present case, where there is supposed to have been a *fissure* in the split bone, and the *shaft* of the humerus to have been pulled much inwards and upwards by muscular action. And again, crepitation may exist *without fracture*,—some inflammatory or undefined alteration in joints, and their neighbouring bursæ and sheaths of tendons, may occasion a similar phenomenon, so that this is not to be relied upon.

This is still farther strengthened by the supposed condition of the parts, a fortnight afterwards, when it appears that the fissure was lessened, crepitation was gone, and union, though it might be ligamentous had commenced:—a memorable instance of the influence of preconceived views, even upon enlightened and scientific minds, and strong corroborative testimony to the non-existence of fracture. For if fracture had existed, it must have been occasioned by *violence or disorganization*. We have already shown that it could not have been the result of the former; but admitting that it was so—that *union had commenced*, and *advanced considerably* towards the third week in August, how account for the development and unwearied, unchecked progress of malignant action, from the 30th of that month? Was this the result of the application of splints, bandages, &c.? **ASSUREDLY NOT:** and if not, we conclude that malignant action *existed beforehand*, though in a less marked degree; but *if this were the case*, the fracture was not from violence, the advancing union existing only in the previously biassed opinions of the surgeons.

The *production* of this *previously biassed opinion* is most easily explained—the *first impression* on seeing the shoulder, was fracture of the neck; the mischievous changes in the neighbourhood from malignant inflammation *gave the crepitation*. A healthy humerus in a thin muscular subject, gives, on examination with the fingers, quite the impression of a longitudinal sulcus or groove running along its interior edge, and these things, added to the apparent change of form, were confirmation strong of fracture.

But we must take the other position, that fracture existed as a consequence of cancerous or malignant disorganization. That it afterwards existed has been *demonstrated*; but if this disease had proceeded to such an extent in the beginning of August, how came it to pass that the work of *reparation* had so rapidly *advanced* on the third week? It is easy to understand that crepitation might have been lessened by advancing ulceration and absorption; but *then* there would have been a corresponding increase of mobility, and greater separation of the head from the shaft, instead of, as is reported, greater firmness and advancing union. On the whole, therefore, we must conclude that the bone was not fractured.

V. Lastly, the only other practical point, which remains to be examined, is—if the disease and its nature had been detected earlier, might it have been removed? and could anything have been further done to arrest and subdue this morbid action?

To the first question I am disposed to reply, that it has ever been my opinion, that if malignant disease in a part, could be removed before the constitution had participated in the malignant action, it might be

effectually isolated. Numerous cases have occurred as proofs of this position during a practice of more than thirty years. But it is a mistake to suppose that the absorbent vessels and glands, are the only agents in conveying this poison to different parts of the system. The law of symmetry, or that which connects the sympathies of organs by means of nervous influence, as for instance, the eyes, mammae, testes, hands, feet, &c., operates as a powerful agent in developing morbid sympathy. But a still more frequent and often overlooked agent is the blood. The rudiments of malignant action are conveyed into the general circulating system by the poisoned blood of the diseased part, and as they traverse every part of the animal economy, are deposited wherever they find an agreeable nidus, and form the nuclei of fresh morbid action. I need scarcely say how beautifully this law was exhibited in the case now recorded, by the *universality* of a similar morbid action.

So much for the general principle; but with regard to its application to the present case, it is very manifest that no operation could have been of any avail, unless at an early stage of the disease, because isolation of the morbid structures would have been impossible. But do we possess any means of distinguishing in its *early stage*, malignant action from simple periosteal inflammation—from death of the bone, or other diseases which admit of ultimate relief either by the agency of nature, or by the skill of the surgeon, without having recourse to the loss of an entire limb? I think *not*: and if *not*, who is there among us, who will peril the life of a patient, and subject him to a fearful mutilation, upon the *possibility* of malignant action? Hence it follows that an operation at an early period would have been unjustifiable,—that at a late period it must have been useless, and therefore wickedly cruel.

But could anything have been done that was not done, with a fair prospect of arresting the morbid action? I confess that I am not aware of any such means, but I leave this question to be answered by the profession.

W. NEWNHAM.

Farnham, Feb. 29, 1844.

ON THE EMPLOYMENT OF DIGITALIS DURING THE PREMONITORY SYMPTOMS OF STHENIC EPILEPSY.

By R. WAKEFIELD SCOTT, M.D., LIVERPOOL.

It is now some time since I was led accidentally to the employment of digitalis in epilepsy, in a mode which I think has not been usually adopted, and from the success which attended it, I was induced to publish an account of it in the *Edinburgh Medical and Surgical Journal*. (No. 90., p. 19.)

I have subsequently employed it with equal advantage in several other cases; and it was also adopted at my suggestion, on rather an extensive scale, and with very beneficial results, on maniacal epileptics, by the late Mr. Davidson, Surgeon to the Lancaster Lunatic Asylum.

The case to which I have alluded, was that of a boy aged 13, almost an idiot, of a sanguine and irritable habit, who for several years had been subject to epilepsy, and at the period when he came under my care the attacks amounted to from 12 to 20 daily, of more or less intensity, and were invariably preceded by convulsive muscular motions, suffusion of the face, and other signs of increased vascular action.

In administering the tincture of digitalis, his mother observed that when she gave it, after the twitchings,

as she termed them, had come on, they were very much diminished, and by repeating the dose, sometimes ceased, without any paroxysm following.

She was therefore directed to administer it only at such times, and in such quantities as might be sufficient to allay the twitchings. By following this plan she was enabled to arrest the paroxysms for a considerable time, and they only occurred when the medicine was omitted, or when she was afraid of giving it in a sufficient quantity; and when I lost sight of him, notwithstanding the discontinuance of the medicine, he had been perfectly free from an attack for four months, whilst no other remedies of any kind had been employed.

From 20 to 30 minims were generally sufficient, but on one occasion 60 were given before the twitchings subsided. No bad effects ever followed the administration of these large doses, and it would seem that the constitutional excitement and sedative influence of the remedy were neutralized by their conflicting agency. It has been stated by Georget, that premonitory symptoms do not occur in more than five cases in a hundred,* but according to the statistical observations of M. Beau, they are observed in about half the attacks which take place;† and in my own experience, the latter is by far the most correct statement, though in many instances they are very transient, and do not admit of the employment of any counteracting measure, though they are often sufficiently prolonged to allow their application.

In the sthenic species of epilepsy, the premonitory symptoms which have come under my observation, have usually been those of nervous and vascular excitement, gradually increasing until the cerebro-spinal congestion has been sufficient to produce the paroxysm; and it seemed reasonable to suppose, that if the excitement could be allayed, the paroxysm might be arrested, and by continued prevention, the disease might be eventually removed, provided it was not dependent upon organic causes. This has been effected in so many instances, by the instrumentality of digitalis, without detriment to the powers of the constitution, that I cannot but think, that it presents a valuable resource, and is deserving of a more extended trial in similar cases.

In consequence of having described this mode of treatment in my lectures, I have been recently favoured with the following case, in confirmation of its utility, by an intelligent pupil, Mr. Eccleston, who is connected with the Eastern Dispensary, which may perhaps be thought not unworthy of insertion.

"Owen Jones, a lad, aged 12, of rather an idiotic expression of countenance, and residing in Birkett Street, came under my care on the 29th of January last. He had been for two years the subject of epileptic attacks, but these did not occur so frequently as to excite much alarm in the minds of his parents. I learnt that from last October up to the time I first saw him, the fits had increased in frequency, and then occurred every 15 or 20 minutes. These attacks were always preceded by increased action of the heart, which acted as a warning to his friends of the coming attack.

"When first seen he was ordered five grains of calomel and five grains of compound scammony powder, in order to remove any source of irritation that might exist in the intestines. After that we tried digitalis on Dr. Scott's plan, regulating the dose by the effect on the heart's action. He took five minims at the commencement, with good effect; his largest dose was half a teaspoonful, or about 30 minims. He rapidly improved, and after taking it a fortnight, the fits entirely left him, and he has had no return of them up to the present time."

Liverpool, March 13, 1844.

* Dict. de Med.: Art. "Epilepsie."

† Arch. Gen. de Med. Tome 2,

ON MALIGNANT PUERPERAL FEVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In compliance with the request contained in your circular, I venture to send you a few hastily drawn up remarks on Puerperal Fever, of which I have seen more cases during the last year and a half than I had done in forty years previous practice. The treatment recommended is the only one which I have seen at all successful. So much has been written on this subject, that I do not know whether or not you will think the accompanying observations at all worth inserting in the *Provincial Medical and Surgical Journal*. If you do, they are much at your service.

I have the honour to be, Sir,

Your obedient servant,

W. HENCHMAN CROWFOOT,

Fellow of the Royal College of Surgeons.

Beccles, March 20, 1844.

The interesting cases of Malignant Puerperal Fever, which have lately been published by Mr. Storr and Mr. Fisher, in the *Provincial Medical Journal*, cannot fail to have painfully called the attention of the profession to the uncertainty which prevails, amongst writers and practitioners, as to the nature and treatment of this pre-eminently fatal disease.

Some authors consider Puerperal Fever as purely inflammatory, non-contagious, and almost certainly controllable by the free use of the lancet; whilst others believe it to be highly contagious, class it with typhus, and place all their hopes of cure on supporting the depressed powers of the system.

As it is important that the medical attendant should have some principle on which to found his treatment, under the appalling circumstances which accompany the prevalence of this most formidable disorder, it may not be unprofitable to take a hasty survey of such facts as have been recorded, and of such opinions as have been formed by the most cautious and experienced observers of the disease, and to examine the bearing they have on the above questions.

The contagious character of malignant Puerperal Fever is, perhaps, better established by such cases as those of Mr. Storr and Mr. Fisher, which were scattered over a considerable extent of country, than by such as have been concentrated in hospitals, or large towns, where the patients may have been exposed to some local and common source of disease. The evidence afforded by the above cases would be sufficient to induce every conscientious practitioner, to be very cautious how he hazarded the extension of so fatal a malady, by allowing himself to become the medium of its communication, even if it were unsupported by the testimony of the great majority of those who have written on the subject. Mr. Fisher proved that the most careful ablution, and the most entire change of raiment, were not sufficient to prevent his conveying the poison from one patient to another, and that nothing but a temporary retirement from the practice of midwifery was a security against his continuing to extend the disorder.

Puerperal Fever appears to have been known and described by the Greek and Arabian physicians; but, according to Dr. Hulme, Dr. Strother was the first to designate the disease by that name, in his *Criticon Febrium*, published in 1716. Dr. Strother, however, says but little about it, and evidently considered it to depend on uterine inflammation.

Dr. Hulme, in his treatise on Puerperal Fever, published in 1772, has given the histories of seven fatal cases, with their post-mortem examinations; in all he found the results of extensive inflammation, such as

sero-purulent effusions, gangrene of the omentum, &c. Dr. Hulme has also collected the opinions of most of the authors, who have written on the subject, from Hippocrates to his own time, and the greater part seems to be in favour of the inflammatory origin of the disease.

Dr. Burns, in his valuable work on the Principles of Midwifery, besides his own views, has given a long list of more modern authors, with a summary of their opinions, and here, though the discrepancy is greater, the preponderance of authority is in the same direction.

By far the most comprehensive treatise, however, which I have met with, on this disease, is that of Dr. Robert Lee, in the Cyclopædia of Practical Medicine. Few men have had so much experience as Dr. Lee in this horrible disorder, and still fewer have so diligently availed themselves of their opportunities for investigating its nature. I gladly quote the result of his own enquiries, as well as that of the authors to whom he refers, as they so entirely accord with my own experience.

"Of fifty-six fatal cases, Dr. Lee examined the bodies of forty-four, and in all he found the results of inflammation, either in the peritoneal coat of the uterus, or of the uterine appendages, in the muscular tissue, in the veins, or in the absorbents of the uterus, which accounted in a most satisfactory manner for the constitutional disturbance during life. The peritoneum and the uterine appendages were found inflamed in thirty-two cases; in twenty-four cases there was uterine phlebitis; in ten there was inflammation and softening of the muscular tissue of the uterus; and in four the absorbents were filled with pus."

In the destructive fever which prevailed in Paris, in 1746, as described by M. Malonin, inflammatory results were found on the examination of the dead bodies, as was also the case in those examined by M. Tenon in subsequent epidemics."

Dr. Lee states, "that fifty-six bodies of women, who had died in the general hospital at Vienna, in the autumn of 1819, were examined, and that in all these, except in two, who had died a considerable time subsequent to delivery, effusions of sero-purulent fluid were found in the abdominal cavity, and traces of inflammation in one or more of the abdominal viscera; the ovaria and fallopian tubes were always more or less swollen, and the body of the uterus was softened by inflammation, and easily broken down by the fingers. Pinel, Bichat, La Roche, and Gardien, found the peritoneum inflamed in so many cases that they considered the disease to depend on inflammation of that membrane."

Dr. Denman, in the early part of his practice, was fearful of the abstraction of blood, on account of the attendant debility, but in the latter part of his life acknowledged himself to be a convert to the judicious use of the lancet.

Guinot, who published several successful cases in the 37th number of the *Recueil Periodique de la Societe de Medicine de Paris*, to prove that carbonate of potass was an antidote for Puerperal Fever, constantly leeches the vagina very freely, and always with advantage.

If, in addition to the above facts, we consider that, generally, one of the very first symptoms is pain in the region of the uterus, with tenderness on pressure, we can scarcely fail to conclude that inflammation is the primary and essential affection, and that the attendant fever is the consequence, and that it is modified in its character by the nature of the inflammation.

The Puerperal Fever which is associated with, what is called, healthy inflammation of the womb—that is with that form of inflammation which produces plastic exudation and purulent effusion, is sthenic in its character, is sometimes epidemic, but is generally occasioned by exposure to cold, or by some acci-

dental circumstance, is rarely, if ever, contagious, and is generally controllable by the free use of the lancet, and strictly antiphlogistic means.

The malignant, or asthenic Puerperal Fever, on the other hand, is found in connection with inflammation of an erythematic kind, the tendency of which is to extend insidiously from organ to organ, and from tissue to tissue, occasioning sero-purulent effusions, softening of muscular fibre and gangrene; and often attacking both veins and absorbents.

In this fearful form of the disease a subtle poison appears to be generated, which is capable of being conveyed, either mediately or immediately, from a diseased to a previously healthy parturient patient, and of exciting a similar set of morbid actions. If the inflammation be not checked at its onset, it seems to have the power of multiplying the poison, and of speedily depressing, irrecoverably, the powers of the system.

If the above view of the disease be a correct one, it follows that the most energetic means should be employed, at its very commencement, to arrest the progress of the inflammation; for so speedily do the vital powers succumb under its influence, that the very remedies which, if early used, offer the best chance for saving the patient, employed a little too late, but hurry on a fatal termination. Caution, however, as well as energy is required, and the remedies must be proportioned to the powers of the patient, as well as to the urgency of the symptoms.

One or, at the most, two bleedings to faintness, from the arm, may be employed in the first twenty-four hours; but, as far as my own experience goes, the most powerful remedies are derivative bleedings from the *uvula* or *anus* by leeches—on the same principle of derivation, a scruple dose of calomel, followed, if necessary, by a saline aperient, will aid in cutting short the disease.

After this time the treatment should be of the most soothing description—warm stupes should be applied to the abdomen—combined doses of calomel and opium should be given to allay irritation, with some saline febrifuge, and the patient's strength should be supported by mild nourishment. As the disease advances it must be left to the tact and judgment of the practitioner, to vary the treatment according to the prevalence of symptoms of undue action, or of exhaustion; but under the most judicious management the result will be but too frequently disastrous.

It has been said by some eminent writers that fatal cases have occurred where no morbid changes have been afterwards discoverable: it may have sometimes happened that the examination has not been sufficiently searching; or, it is not impossible, that, in particular subjects, or where the poison has been unusually virulent, a fatal result may have been produced before any permanent change had taken place, and when the blush of inflammation would be removed by death.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 3, 1844.

The present number of this journal is the first of a new series devoted entirely to the interests of the Provincial Medical and Surgical Association, and published under the controul of its officers and council. The work will from this time be exclusively the journal of the Association, and no other interests, whether of publisher or proprietor, will be suffered to interfere. The principles on which it

is intended to conduct it are precisely those on which the Association is itself founded, and embrace all those objects which are set forth in the printed prospectus sent to each member on his admission, and annually circulated with the volumes of transactions. Among these, while other considerations will not be lost sight of, it will ever be a primary object to maintain "the honour and respectability of the profession generally in the provinces," and to uphold the character and promote the welfare of its members. Care will be taken to supply from time to time every information connected with medical science which seems worthy to engage attention; but, intended as the journal is, for circulation amongst a body of the profession for the most part deeply engaged in practical duties, those subjects which have a direct practical bearing will always occupy the most prominent place. These, however, are points on which the future numbers of the work will afford the least questionable testimony, although it may well be permitted to the Editor to appeal to the numerous and valuable collection of facts registered by the members of the Association in the volumes of the *Provincial Medical Journal*, as affording evidence of what can be done by provincial practitioners. The original papers and cases sent by various members of the Association, form not only the most practical but the most valuable part of the journal hitherto supplied, while many of these communications are equal in general interest and importance to any of a like nature published elsewhere. It is the opinion of several eminent individuals for whose judgment we have the highest respect, that much more may be effected in this way than has hitherto been done, and we believe that it requires only a moderate degree of exertion in the members of the Association to make their journal the richest in original communications of any existing periodical. The field of observation is widely extended, the cultivators numerous, intelligent, and effective; it is only required that they should record the results of their experience, and both the Transactions and the Journal of the Association will be able to stand a comparison with the literary productions of any society hitherto established.

We do not commence with professions of what is to be effected, but while we are desirous of keeping the expenditure of the Journal within the compass of the funds which have hitherto been devoted by the Association to this object, we shall at all times endeavour to furnish our readers with information to the full extent of the means placed at our disposal. Whenever, therefore, there is an accumulation of original matter in hand, of sufficient value and importance to call for its early publication, we shall supply the members either with a supplement or a double number, as occasion may require.

The day of publication will henceforward be Wednesday, instead of Saturday, an alteration adopted partly to meet the wishes of many estimable members of the Association, who have at different times expressed objections to the receipt of the Journal on the Sunday, and partly to ensure that regularity in its publication and transmission, the want of which has, of late, been the subject of complaint.

It is unnecessary to enter further into details, and the Editor has now only the grateful task to return his best thanks to those gentlemen who have hitherto so materially contributed to the value of the former series of the Journal, and to many esteemed friends who have kindly engaged to support him in his present undertaking.

ON THE NATURE AND TREATMENT OF TIC-DOULOUREUX, SCIATICA, AND OTHER NEURALGIC DISORDERS. BY HENRY HUNT, M.D., &c. LONDON, 1844. 8vo., pp. 191.

This very moderate-sized and unpretending volume is an endeavour to trace the severe and painful affections classed under the term neuralgia, and especially the most obstinate and severe of them all, tic-douloureux, to different causes. The author practised for many years in the south of Devon, the warm, humid, and relaxing climate of which is, we are told, peculiarly calculated to produce the kind of habit most favourable for the development of those nervous diseases, which depend on weakness and relaxation. From his many opportunities of observation, Dr. Hunt was ultimately led to conclude that tic-douloureux takes its rise in different individuals in very opposite conditions of the system, and consequently requires a corresponding variation in the treatment. The treatise consists of brief abstracts of cases, selected and arranged under different heads to exemplify the results of his experience, together with some remarks on the means which were found most efficacious in removing or relieving the symptoms. We have thus an account of tic-douloureux, as it arises from some peculiarity of constitution or neuralgic habit; from dyspepsia; from dyspepsia, complicated with congestion of the liver and other viscera; from anæmia; from morbid action in the spine; from disorder of the uterus; from disease of the brain; from local mechanical causes; from malaria, recession of eruptions, and other sources. This endeavour to trace to its causes the disease referred to, is preceded by a brief description of its symptoms and progress, and followed by some observations on periodical headache, sciatica, intermittent action, the use of sedatives, the sesqui-oxyde of iron, the use of arsenic, and local remedies. Having thus given our readers a short summary of what the work contains, we proceed by way of illustration to make a few extracts, and as Dr. Hunt relies much on the powers of arsenic in several forms of neuralgic affection, it will be well to quote his remarks on the use of that remedy.

"Arsenic," he observes, "operates most favourably on persons who are of lax fibre, accompanied by a languid state of the circulation, and whose secretions

are rather profuse than otherwise; the urine pale and plentiful, and more especially on those whose skin is cold and moist. In persons of this description, whilst arsenic, to an extent far beyond other medicines, relieves the neuralgic pain, it improves the general health, and gives firmness and vigour to the constitution. When the urine is of a deep colour and scantily secreted, or when it deposits the lithate of ammonia, the tongue loaded, especially if the tip or edges of it are red; arsenic almost invariably disagrees, and aggravates the pain. But as this morbid state of the system frequently depends on, or is complicated with, disorder of some important viscus; arsenic will often agree, and relieve the neuralgic pain, after the visceral disorder has been removed by appropriate remedies. Arsenic is a peculiarly appropriate remedy for neuralgia, arising from malaria, especially if it be strictly of an intermittent character; indeed, most cases of neuralgia, in which there is distinct and regular intermissions of pain, from whatever cause the disease may have arisen, are likely to be benefitted by the class of remedies, of which, arsenic is the type of the mineral; as quinine is of the vegetable; with the proviso, that the system is in a state fitted for the reception of them."—"When neuralgia is associated with some morbid action in the spine, with anæmia; or arises from injuries of nerves; or local irritation of nerves by diseases or unnatural growth of bone; or if it be complicated with engorgement of the liver and other viscera; arsenic is usually injurious, and I believe, seldom useful."—"During the exhibition of arsenic, the use of fruit and every kind of acid should be interdicted, otherwise from the griping, pinching pains in the bowels and diarrhoea, which they are apt to produce, it will be found necessary, occasionally to omit the medicine. In cases, where it has been found requisite to prepare the patient by purging and the use of calomel, arsenic will operate more easily, if a grain of calomel, for a few successive nights, or an occasional aperient be given with it." pp. 173-6.

Dr. Hunt recommends that at first from two to four minims only of the liquor potassæ arsenitis should be given three times a day, combined with double the quantity of the compound tincture of camphor, and if acid be present, with a few grains of bicarbonate of potash; an additional minim of the arsenical solution to be added daily until some effect is produced. The arsenic may then usually be continued for a few days without further increase of the dose, and when the neuralgic pain is diminished it may be omitted altogether. It will, however, generally be necessary to resume the medicine, as the pain not unfrequently returns, when it should be again commenced in the same small doses as at first. The author has met with several cases of neuralgia in which the disease resisted the effects of arsenic in solution, but yielded when the medicine was given in the solid form. In such cases, he recommends the arsenic to be given in doses varying from one twentieth to one tenth of a grain, well ground in a mortar, with a little black pepper, and made into a pill with a crumb of bread. It is obvious that when administered in this way the greatest care is required in the preparation and division of the medicine, as an error in either might readily lead to fatal results.

The treatment of neuralgia by arsenic seems to require much patience and perseverance on the part both of patient and physician, and many months not unfrequently elapse before the disease is entirely subdued. Still, when the intractable nature of many cases of this affection under ordinary modes of treat-

ment is considered, and the sufferings to which it gives rise are kept in view, the relief afforded in the first instance, and the hope of ultimate cure will be sufficient inducements to give the arsenic a fair trial in cases where other remedies have failed, or in those in which its employment seems to be especially indicated.

It was our intention to refer to the modifications of treatment recommended by Dr. Hunt in neuralgic affections, considered according to the sources from which they derive their origin, and the peculiar state of the system in which they occur. Our limits, however, will not admit of this, which we the less regret, since the work is of that practical character as to render it worthy of perusal, and at the same time so clearly and concisely written, as not to make too great a demand upon the time of those extensively engaged in the active duties of medical practice.

CHARTER OF THE COLLEGE OF SURGEONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

My attention has been drawn to an article, in the Provincial Medical Journal, No. 181, p. 477, on the subject of Medical Reform. I allude to the questions relative to the New Charter of the College of Surgeons, asked in the House of Commons by Sir Valentine Blake, on the 12th inst., and to the answers he received from Sir James Graham; in one of which, both question and answer, there appears to be an important misunderstanding of the said charter. Sir Valentine Blake's third question is:—

"Is it your intention to modify the Charter, lately granted to the College of Surgeons, of London, so as to allow prescribing surgeons, who practise midwifery, to be eligible to the Fellowship; and also to allow a surgeon apothecary to become immediately eligible on abandoning the business of an apothecary."

Sir James Graham's reply is: "He had no idea of modifying the Charter of the College of Surgeons so as to make accoucheurs eligible for the Fellowship."

Now, Sir, the Charter merely enacts that surgeons, practising midwifery or pharmacy, are not eligible as members of the council, and not that they are ineligible as Fellows of the College. Had the latter been the case, I think that general practitioners, like myself, might have had some cause for complaint, but as to our not being eligible as members of the council, I think we have no right to complain at all. It is no new regulation. I see that in the book of bye-laws of the College (I presume of many years' standing, though it bears no date), the very first clause relative to the election and admission of members of the council states, "that no member of the college, whose practice is not confined to surgery, shall be elected a member of the council." Now it seems to me perfectly right and proper, considering the very small number of the council, and the important duties they have to perform, that this law should exist; and why any gentlemen should take it up offensively, as they have done, and represent it as an intended insult and degradation to the practice of midwifery, I am at a loss to conceive. Certainly, no branch of medical practice is more arduous, none more important, more useful, or more honourable than midwifery, but it is, in a great degree, distinct from surgery,—a department of practice, "*sui generis*," which is not treated of in systems or courses of surgical lectures. It is competent to receive all the honours of the College of Physicians, and never can be lightly esteemed.

There is, I fear, too much reason to suspect that the objection has been raised for a specific purpose, and, if gentlemen will give way to such violent hostility, such exaggerated expressions of feeling as those which have been so profusely poured forth at some recent Medical Reform Meetings, they must not complain if their motives are narrowly examined.

No right-minded man, I feel assured, can have read the reports of the meetings I allude to without feelings of indignation and regret. The most able and most honourable members of the profession, men distinguished alike by talent as by integrity, have been held up to public reproach, and I cannot but allude more especially to Sir Benjamin Brodie, who, not shielded by his high position and pre-eminent merit, has been the object of bitterest abuse. I come forward boldly to inform these gentlemen that the profession generally does not concur in their sentiments, that an astounding majority of the surgeons of the present day hold Sir Benjamin Brodie in the very highest esteem, as a man whose contributions in physiology, pathology, and practice, have been of the utmost value. This opinion has been proved by the gratifying mark of esteem which we have lately had the honour of presenting to him.

By a circular, which I received a few days ago, I perceive with regret that even medical pupils and students are invited to join in this movement, they are to enrol themselves gratuitously as members of what is called a Medical Protection Assembly, and to attend meetings where they will hear their teachers denounced in language ill becoming a society of professional men. I cannot conceive anything in worse taste than this, nor anything calculated to do more harm to the rising generation of surgeons. It is a bad specimen of medical reform, and all such proceedings must tend to retard rather than accelerate the progress of any salutary change which might be desired.

I anticipate the observation which these remarks may give rise to, "You have been elected a Fellow, and so you are satisfied with the Charter," but, at the same time, I believe that such remarks will not be made by those who know me; for I can fairly assert that it has ever been the inclination of my mind to hold in high esteem men whom I regard as the light and the honour of our profession, and my earnest endeavour, by all possible means, to induce my younger medical friends and pupils to do the same. Respecting my Fellowship, I would just remark that the honour was unsought and unexpected; at the same time, being far beyond a half-century in years, having served my country for a considerable time in the army, and more especially at the ever memorable battle of Waterloo, being now surgeon to the Northamptonshire Regiment of Militia, and seventeen years surgeon to our large provincial hospital, I could feel no very particular surprise at my name being included. My first intention in writing was merely to allude to Sir Valentine Blake's mistake respecting the Charter of the College of Surgeons, but I have been gradually led on to the observations which have followed, and if they are suitable to your pages, I shall be glad if you will give them a place.

I have the honour to be, Sir,

Your obedient servant,

H. TERRY, F.R.C.S.

Northampton, March 25, 1844.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Allow me, through your valuable Journal, briefly to draw the attention of some of your literary readers to a subject much required by country practitioners, and, indeed, by the profession at large, viz., a supply of good and accurate plates on anatomy, midwifery, diseases of the skin, &c., for reference, published in a

series of numbers, at a cheap rate, followed by a compilation of practical, modern, scientific works, first professional, and then on the collateral sciences, so as to form a good professional and scientific library—a thing so coveted by many of us, yet, from the expense, seldom acquired, but which every other grade has for some time past been furnished with.

Plates and works are occasionally published on the different subjects, but at such prices that few country practitioners can purchase them, although all acknowledge the usefulness of them; and we possess no medical libraries in the country to which we can subscribe and avail ourselves of them by so doing.

A society called the "Sydenham," commenced last year, which held out prospects of fulfilling the above object; it has however, proved a failure, although amply supported by subscribers, from the mismanagement of the council wasting the substance of the society in first publishing the life of Sydenham in Latin, of which not one member in a hundred will ever cut the leaves, and then giving a second edition of the same work (knowing, I suppose, the disinclination there will be to read the Latin copy) in English, which latter alone would have sufficed.

Should the above hint induce any competent person to invent a plan, I am convinced, if it were advertised in the weekly medical publications, numbers of the profession would instantly become subscribers, and amply repay the projector, as it would tend greatly to elevate the "subordinates" in the estimation of the world, by affording them a general source of information on scientific subjects, the common topics of conversation at present, and on which the "doctor's" opinion is always asked and looked upon as an authority.

I have the honour to remain, Sir,

Your obedient and humble servant,

A CONSTANT READER AND COUNTRY PRACTITIONER.

March 28, 1844.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

It is requested that Members of the Association, whose name, address, or designation, may be defective, or incorrectly inserted in the printed list, published with the last volume of the Transactions, will immediately send the alterations which they wish to be made, as the list of members for the 12th volume is now going through the press.

ROBERT J. N. STREETEN,

SECRETARY.

TO CORRESPONDENTS.

The request of a Member of the Provincial Medical and Surgical Association will be complied with next week.

Benevolent Fund.—The letter signed F. W. R. is received. The subject will be brought before the next anniversary meeting at Northampton.

Mr. D. Barker's note shall be attended to.

Communications have been received from Dr. Jeffreys, Mr. Dorrington, Mr. Burman, Dr. Shearman, Mr. Druitt, Mr. Hunt, Mr. Noble, Dr. Oke, Sir John Fife, Mr. O'Connor, Dr. Arnold, Mr. Morris, Dr. Davidson, and Mr. Blagden.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho, London.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON OPIUM, AS A REMEDY FOR THE EFFECTS OF UTERINE HÆMORRHAGE.

BY THOMAS DORRINGTON, Esq.,

Surgeon to the Manchester and Salford Lying-in
Hospital.

In the year 1816, Dr. Duncan Stewart, Physician Accoucheur to the Westminster General Dispensary, and a Lecturer on Midwifery, in London, published a short but excellent treatise on the management of Uterine Hæmorrhage, in which he advocated the use of large doses of Opium in this affection, and illustrated his views by some very striking cases. The practice he recommended has, however, met with less attention from the profession than it deserved, although it has received the sanction of two great names in this department of medicine—viz., Professor Burns, of Glasgow, and the late Professor Davis, of London. We must look for its want of success partly to the antipathy which English medical men have to heroic doses of medicines and heroic plans of treatment generally, and partly to the circumstance of Dr. D. Stewart having, in the work alluded to, been too sweeping in his condemnation of the practice of rupturing the membranes in hæmorrhage before labour, a practice which was then considered established on a firm basis, and which has stood its ground up to the present time. It often happens that new but correct views in medicine are prejudiced by being conjoined with an incorrect estimate of the value of established opinions. A man is not content with making a valuable addition to therapeutics, but is desirous in his zeal for his favourite remedy to under-estimate all other means, and the result is, that the majority of practitioners lose their confidence in his judgment, and neglect the novelty. So I apprehend it has been in this case; Dr. Stewart's striking proofs of the value of Opium in Uterine Hæmorrhage have been passed over, because he tried to banish from practice another valuable means of treating one set of hæmorrhagic cases; whereas had he merely advocated the new practice as compatible with, and an addition to the ordinary means of suppressing flooding, which it really is, he might have obtained more followers.

Some years ago, my friend and colleague, Mr. Hunt, consulting surgeon to the Manchester and Salford Lying-in Hospital, without being aware of the existence of Dr. Duncan Stewart's work, adopted a similar mode of treating these cases, and I had then many opportunities of witnessing the successful results of the treatment in his hands. Since that time it has

fallen to my lot to see many cases of Uterine Hæmorrhage of all degrees of severity, and I have generally adopted this plan of treatment. I say generally, because I have occasionally adopted the stimulating plan of treatment, in order to ascertain its comparative value; but so satisfied am I that the plan of Dr. Duncan Stewart is preferable to all other modes of managing these cases, that I am anxious to add my testimony in its favour.

I may remark in *limine*, that the object of this communication is not to advocate the practice to the exclusion of the ordinary modes of *suppressing* Uterine Hæmorrhage, but rather to bring it forward as a valuable means of *combating the effects of hæmorrhage on the system*—effects which either lead to death in a very short space of time, or leave the patient in a state of fearful exhaustion, from which she has a protracted and distressing recovery, if indeed that state can be called a recovery, which but too often is attended by the development of some serious local disease, as for instance tubercular phthisis. Uterine Hæmorrhage in connection with pregnancy can be permanently *suppressed* under one invariable condition of the uterus only—viz., full and perfect contraction, and this must be obtained by general and particular means which it is not my object to discuss here; but the *effects of flooding* may be treated variously, and I am here advocating what seems to me to be the most satisfactory practice.

Before proceeding further, it will be well for us to consider the *manner* in which patients die from flooding, and I cannot give a more graphic picture than that presented in the following passage from Dr. Duncan Stewart's work, "When the general system has suffered to a great degree by hæmorrhage, the countenance is ghastly and expressive of great anxiety, the lips are pallid, there is oppressive sickness and vomiting, the pulse is fluttering, the patient complains of giddiness, dimness of vision, ringing noise in the ears, thirst, pain in the extremities, and pants for breath. If the discharge continues, the pulse becomes more feeble and irregular, there is a low delirium, with a state of great restlessness, the pulse is not to be felt—or only at intervals, convulsive tremors, distortion of the features, and deep inspirations repeated at long intervals, generally precede death."—p. 46-7.

The chain of effects is as follows:—After the first shock of the hæmorrhage is recovered from, the circulating system takes on an abnormal activity, in order to compensate for the loss in the quantity of blood, by conveying what remains more rapidly through the system, the heart beating more frequently, and the

elasticity of the arteries being oftener called into play. This excitement of the organs of circulation is soon followed by a very disproportionate degree of cerebro-spinal excitement, which induces a corresponding activity in all the functions under its influence, and the effects of which are particularly noticeable in the muscular system, in the form of hurried respiration, jactitation, extreme restlessness, and even convulsions. Undue expenditure of vital force is the consequence; the blood wastes rapidly to supply the increased wear and tear accompanying this state of excitement; the pulse indicates a further degree of activity of the heart and arteries; the patient becomes more and more excited, the balance between the functions of the nervous and circulating systems, the functions of organic life generally, and the quantity of the vital fluid requisite to carry these on is utterly lost, and the patient sinks exhausted.

She dies in fact from a disproportion between the amount of excitement in the system and the amount of blood necessary to maintain this.

All cases of hæmorrhage do not die exactly thus; for in some the first shock of the hæmorrhage proves fatal, the patient recovering from the syncope into which she has fallen, only to breathe convulsively a few times and then die. In other cases again, especially those where a slow draining hæmorrhage has been going on for some time, the state of excitement is never so perfectly formed; there is no hurried panting breathing—no convulsive movement nor tremors, no delirium nor unmanageable jactitation; but as Dr. Duncan Stewart remarks, "the prominent symptom is a state of general irritability of the system, and the muscular power is often continued to the last, the patient sinking suddenly after some considerable exertion," such, for instance, as getting up to the night chair, as I have witnessed.

In most of the cases, however, where remedies are to be useful, we witness more or less of this state of excitement or irritability of the system, and on this point Dr. Duncan Stewart in his work, and my friend Mr. Hunt, in an unpublished paper, from which he kindly allows me to quote, very justly lay great stress; for it is one of the most striking circumstances in these cases, and deserves the greatest attention in reference to our choice of therapeutical agents. The great danger of this state seems to consist in the fact that the blood, the pabulum vite, the fuel which should enable the system to keep it up, has been for the most part abstracted. Undue excitement of the cerebro-spinal centres and the functions dependant thereon, is always attended with danger; but if a certain amount of blood is present in the system, it can be borne for some time with comparative impunity. In *delirium tremens* we have a great disproportion between the general excitement of the system and the vital power; but still no blood has been or is being lost, and the system can endure the inordinate activity of the nervous and muscular systems for a comparatively long period. In this affection, however, there is a point beyond which the continuance of the abnormal irritability becomes fatal. There is a sort of analogy between the excitement of this disease, and that attending upon hæmorrhage, for they both exhibit a loss of the balance that is maintained between the functions of the nervous centres and the vital force of the system

in a state of health. Opium, which is generally acknowledged to be so useful in the former, according to my observation, is the best remedy for the latter.

To recapitulate then, in the words of my friend Mr. Hunt, "the injurious effects of loss of blood are vigilance or absence of sleep, restlessness or jactitation, distressing thirst, an accelerated state of the pulse and laborious respiration, with occasional vomiting and syncope. When to this is added, that by removing the blood we abstract that fluid from which not only the excretions and secretions are separated, but also by means of which the processes of growth and nutrition are carried on, it will at once be evident that the modifications of many of the vital functions, which follow the administration of opium, are directly contrary to those changes of the same functions which are caused by loss of blood."

Further, it is well to consider what means nature herself takes to remedy the exhaustion arising from hæmorrhage in those cases that recover spontaneously, because such a consideration will indicate the remedy that we should use to imitate her processes. We find in patients, who have suffered from hæmorrhage, after the immediate effects of reaction are gone, a decided diminution in the quantity of all the excretions, excepting the cutaneous transpiration, a great dislike of a bright light or even strong daylight, and of loud sounds, and a great wish for quietude and disinclination for exertion; all which effects of loss of blood are curative in their nature, and intended to economize the vital fluid, the source of all vital power, by doing away with the wear and tear of the body to the greatest extent compatible with life. By this means the system has time to assimilate from the food taken more nutritive matter, or, in other words, to form more blood than is required for its immediate wants, and thus the blood lost in the hæmorrhage is gradually replaced.*

Considering the matter in this light, we find that a remedy is required that will check the inordinate excitement of the nervous, vascular, and respiratory systems which is wearing out the patient; that will check the vomiting which is harassing the already feeble sufferer, and at the same time increasing the flooding, by accelerating the circulation; and that will lock up the secretions that are being separated from the blood. Opium in *large doses* will do all this, and in *large doses only*, since *small* ones often repeated act as *stimulants*. By a large dose of opium, I mean a fluidrachm of tincture of opium repeated once, twice, or oftener, at intervals of 5, 10, or 15 minutes; and although medical men who have been used to estimate this remedy by drops may feel startled at this statement, I can assure them that I have repeatedly given three fluidrachms in two or three separate doses, and Mr. Hunt was concerned in a successful case in which six fluidrachms were administered in the course of four hours, and of this four and a half fluidrachms

* It will be seen how intimately connected this fact is with the views of modern physiology, as interpreted by Müller, Liebig, and Carpenter, who all in different words maintain the idea, that no muscular motion takes place in the body without a co-existent change in the integral texture of the muscle—viz., the absorption of the effete tissue into, and the deposition of new matter from the blood, and that this change is inseparably connected with the vital force of the part.

in the course of half an hour. It must be remembered that remedies can often be borne in diseased states of the system, in quantities that would be poisonous to the healthy subject. I may allude, in illustration, to the large doses of opium that are frequently administered without bad effects in acute rheumatism, (Dr. Corrigan's plan,) colic, cholera, diarrhoea, dysentery, delirium tremens, carcinoma, and tetanus. So that bearing these things in mind, there are analogies that would lead us not to condemn the practice untried because it looks somewhat heroic.

It might be supposed by those who have not had experience in the practice, that such large doses would produce prolonged stupefying sleep or dreamy stupor, nausea and vomiting, indigestion, obstinate constipation, sweating, headache, and contracted pupil. Such, however, is not the fact to any extent. In the worst cases of flooding, where opium has been very freely used, we generally notice during the first 12 hours, a comfortable composure with a tendency to doze, and occasional short sleeps of an hour or two's duration; but in some cases, and this is a very favourable symptom, the patient sleeps for a few hours, awaking much refreshed, and feeling very comfortable. In a few cases, the patient remains very sleepy for a day or two, but even then the sleep that ensues is always refreshing and comfortable. I may here allude to the importance of this sleep in a curative point of view, and mention the great probability of the friends of the patient interfering with it under the notion that it will terminate in the sleep of death. I have frequently witnessed the prevalence of this idea.*

Nausea and vomiting I have seen a few times, coming on some hours after the opium has been given, but it is an unusual occurrence, and when it does exist, is of no moment. In those cases where I have seen it, opium has been more freely used than is commonly necessary. Indigestion, constipation, and sweating, I have never been able to connect with the opium given. They all occur to some extent whether opium be given or not, that is if the hæmorrhage has been severe.

The stomach is generally feeble for some time, and sweating on very slight exertion is generally noticeable in patients convalescing from floodings; but these unpleasant consequences are never so troublesome in * Mr. Hunt, in his paper has the following remarks, which are well worthy of careful perusal. "Sleep, which is one of the effects of a full dose of opium, is never met with as an accompaniment of severe hæmorrhage. The common prejudice that sleep is injurious in cases of Uterine Hæmorrhage after labour, is one from which the medical profession is not entirely free. It appears to have been founded upon the fear that the subdued or depressed state of the circulation during sleep would have the effect of producing a corresponding depression of the vital functions, which had already been impaired by the loss of blood. If the patient be allowed to sleep, the slumber it is supposed will terminate in death. It is well known that when death is the effect of exposure to extreme cold, an unconquerable disposition to sleep is the invariable forerunner of the fatal coma. Perhaps this circumstance may have had some influence in giving origin to the belief that a similar condition of the system, supervened in cases of fatal hæmorrhage. Facts are entirely contradictory of such a supposition. Nothing approaching to a state of sleep or coma occurs in cases of severe hæmorrhage, as far as my observation goes; even syncope is a rare symptom in the fatal cases, but there is on the contrary often an extreme state of restlessness,"

cases that have been treated by opium, as in those treated by stimulants. With regard to constipation, it is Dr. Duncan Stewart's opinion, that opium, when given in large doses in cases of Uterine Hæmorrhage, acts rather as a laxative than an astringent, and although I cannot altogether confirm this, I can fully coincide in the statement made by him, that the bowels are easily moved by purgative medicines, if there should be any necessity for their administration. After hæmorrhages, constipation is one of the symptoms that occurs spontaneously; and I have never witnessed anything to lead me to suppose that the opium increases it to any extent. It is of great importance that this state of the bowels should not be materially interfered with, for it is curative in its nature.

The exhaustion that occurs in debilitated subjects, after a free evacuation of the bowels, is too well known to need more than alluding to here. How common it is for such patients to die on the night chair!

Contraction of the pupil sometimes comes on soon after the administration of the medicine, and my observation leads me to coincide with the opinion first broached by Mr. Hunt, that this is a very favourable symptom, as it shows that the system is thoroughly under the influence of the drug. With regard to its duration, I should say that, for the most part, it passes off in a few hours, and I never remember to have seen it last more than 24 hours.

Vertigo, and a very distressing pulsating pain in the head, in the course of the longitudinal sinus, are the usual effects of severe hæmorrhage, and for these repeated small doses of opium are the best remedy. These affections persist for weeks in cases treated in the ordinary method, whilst in those treated by the plan I am advocating, I have never seen them last more than a few days or a week; and the pulsating headache in particular was easily controlled by small doses (five minims) of laudanum taken every three or four hours.

The slow convalescence of patients who have suffered from hæmorrhage, and their liability to have developed latent organic disease is too generally acknowledged for me to insist upon it here. I allude to it in order to have an opportunity of saying that what I have witnessed quite accords with Dr. Duncan Stewart's experience on this point. In cases treated by large doses of opium, these subsequent difficulties in the convalescence have been much less troublesome than they are usually described to be, and than I have witnessed in cases otherwise treated; the tranquillity obtained by the opium, during the first week after the labour, seeming to have given an opportunity to the vital powers to recover themselves at a critical period of time, which if once left unimproved, is never to be regained at any subsequent part of the convalescence.

The theoretical objections of Dr. F. H. Ramsbotham, in his late work on midwifery, to the employment of opium in these cases, is based on the supposition that it exercises such a controul over the uterine fibres, that it is very likely to suspend their contraction, and so annihilate the only means we have of suppressing hæmorrhage; for it must be observed in the following words he does not refuse his testimony to the value of the remedy in combating the effects of flooding.

(To be concluded in our next.)

REPORT OF THE TRIAL OF A MEDICAL PRACTITIONER, ON A CHARGE OF INTENT TO PROCURE ABORTION.

By THOMAS SHAPTER, M.D., Physician to the Dispensary, Exeter.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I beg leave to forward for insertion in the Journal the following account of the trial of a medical man, Mr. Calder, residing in St. Thomas, near Exeter, for administering medicines with intent to procure abortion. To this report I have appended some few observations.

I am,

Your obedient servant,

T. SHAPTER, M.D.

Exeter, March 30, 1844.

The Castle, Exeter, March 24, 1844. Before Mr. Justice Cresswell. James Calder was charged with having administered to Elizabeth Chamberlain a large quantity of a noxious drug, called Savin, with a view to procure her miscarriage. There was a second count charging the prisoner with having caused it to be administered. He pleaded not guilty in a distinct and firm tone.

Mr. Merivale conducted the prosecution: Mr. Rowe, the defence.

The evidence to substantiate this charge may be divided into the general and the medical. Of the former I shall merely give an abstract; the latter will be quoted as fully as the local reports permit.

Elizabeth Chamberlain, in her examination in chief, stated herself to be an unmarried woman, and that she had been attended by Mr. Calder as a medical man five years since; in June last he persuaded her, being out of a situation, to take a lodging at the house of a Mrs. Mortimer, where, on two or three occasions, he had connexion with her. A fortnight after these visits she told him of her being in the family way by him, when he said, "he would give her something that would soon set that to rights." The witness then deposed to the taking of pills containing oil of savin, savin powders, and a decoction from a black root (*ergot of rye*), each of which medicines had made her very sick. Also to the delivery of a packet of dark coloured powders (*carbonate of iron and cantharides, vide infra*), which she did not take. Of the savin pills, from their "smelling so dreadfully disagreeable," she took but few, throwing the residue with the box into the fire-place. She stated that the dark powders were brought by Mr. Calder's son, tied up and sealed. The note wrapped round them was put in and read as follows: "Meet me on Northernhay, at eleven o'clock this morning, J. C. Take one powder every night and morning." On the other side was, "Miss C., at Mrs. Mortimer's, Pancras Lane. Bring a basket (t) with you." The note was put into Chamberlain's hand, and she said the last sentence, as well as the other part, was

in the handwriting of the prisoner. She also stated that Calder, who had at first supplied her with some little money and a few necessaries, had latterly refused assistance, and absented himself from engagements.

On cross examination it appeared that the witness had a child five years since, upon which occasion Mr. Calder first saw and attended her. Three years subsequently she had another child, by Charles Harding, the husband of her aunt, and between whom and the prisoner, two months subsequent to the birth of this child, a quarrel had taken place. The witness also admitted that, previous to the birth of her first child, she had entertained the proposal of taking matters to procure abortion; and that, during the time she was taking the savin and other drugs, by the direction of the prisoner, she took a something infused in gin from another party for this purpose.

Charles Harding, the person referred to in the above witness' testimony, as the father of her second child, stated, that he had occasionally visited Elizabeth Chamberlain at Mrs. Mortimer's. On the 7th of October last, she told him she was in the family way by the prisoner; upon this occasion she gave him a key, with which he opened a box in her room, where was a basket, containing several powders (*savin, carbonate of iron, &c.*) He acknowledged that he had had "severe, very severe" words with the prisoner on some previous occasion.

For the defence:—Jane Prout and her husband stated that Elizabeth Chamberlain had lodged with them five years ago, when large in the family way, upon which occasion she took a tea, which made her very sick, and that she said it was savin, and took it for the purpose of "passing by" the child. These witnesses also deposed to Harding's having said, on more occasions than one, that he would "be revenged on Calder."

Elizabeth Mortimer stated that the prisoner attended in her house as a medical man, that Elizabeth Chamberlain came to lodge there in June last, agreeing to pay for the lodging herself, but the prisoner promising to pay in case she was not able. Chamberlain told her she was pregnant, that she had had connexion with two other persons, but that the child was Mr. Calder's; wished her to procure for her paradise seed, which she refused to do; had never seen her take anything to damage her child; knew she had some gin in a bottle, and has heard her say she used to take it. One packet of medicine was brought to her from Mr. Calder's, but witness never saw her take any medicine at all, and had no idea there was savin in the house. Saw a box of pills taken from the fire-place; had heard Elizabeth Chamberlain say that if Mr. Calder did not come forward as she wished, she would set her uncle on him, who would take his life. Harding came to my house after she left, and said he wished to open her box. He came again and brought the key. I went with him as far as the door of the room, and pointed to the box. As he walked across the room he searched his coat and trousers pocket. He had the key in his left hand. I turned round to put a letter on the chimney-piece, and in a moment he threw open the box, and, with the paper in his hand, exclaimed: "I will do for the b——." It was the moment the cover was open.

asked what he meant; he said, "you know nothing at all about it, but I do." He said he meant Calder. He said he had a dozen powders in one hand, and four in the other. He said he would take six from one and two from the other, and put in his pocket. They were lying one on the other, and not tied. I did not see the paper now produced—(the note in which it was said the powders were wrapped.)

Thomas Dainty deposed that Elizabeth Chamberlain had offered, for a sum of money to be advanced by Mr. Calder, to absent herself, so as not to be forthcoming on the trial; and that on one occasion she said, "That villain Harding is more guilty than the man he is about to prosecute, if he does not mind he shall not have his design out."

A number of witnesses were called to character, stating the prisoner to be a humane man, and not one they would suspect of committing this offence.

Such are the essential features of the general evidence. The medical evidence for the prosecution was as follows:—

Arthur James Cumming, Surgeon—Lascelles gave me 12 or 13 powders, one of which was wrapped in a screw of paper. He also gave me a box of pills. By the Judge—One of the powders was in a screw of paper, not as if a medical man had folded it. Some of the powders were composed of two substances, which are separated as I now produce them. There are seven complete powders. All that I received but one, had Harding's name on them, and all were numbered except one. They are all marked "C. Harding." The paper number one, contains carbonate of iron. The powders were made of carbonate of iron and cantharides; I weighed three or four powders, and each weighed a drachm. I then analysed them and found they contained powdered cantharides and carbonate of iron. There were two powders of savin only. Number *one* contained $52\frac{1}{2}$ grains of carbonate of iron, and between 4 and 5 grains of cantharides. Number *two* contained 49 grains of carbonate of iron, and $1\frac{1}{2}$ grains of cantharides; number *six* contained 50 grains of carbonate of iron, $1\frac{1}{2}$ grains of cantharides; there were 10 or 11 powders so composed. The two powders of savin contained one a drachm, the other 10 or 12 grains. The effect of the powders containing the cantharides would be, if taken frequently, to cause great irritation of the kidneys and bladder. Preparations of iron are given to cause menstruation. The powders, containing the larger proportions of cantharides, would produce great irritation, and if carried on might bring on miscarriage. It would produce excessive irritation, and that would be likely to produce abortion. Savin acts in the same way—a drachm is a very large dose. I should be afraid to give so large a dose as four grains of powdered cantharides. I know Ergot of rye—it is not a root—it is diseased rye. It is given to bring on labour, and during the hours of labour to expedite it. It acts specifically on the womb, and would no doubt produce miscarriage. I never knew savin, in practice, given internally in substance. The pills are cough pills, I should think. Cross examined—Some of the powders, numbers 4, 5, and 3, and the one that was

wrapped in a screw of paper, and number 7, are in the same state as when I received them. Seven of the powders were marked with the name, Harding. Savin was in the paper screwed up. The other paper containing savin is in the same state it was in when I had it. By the Judge—I never knew cantharides in this form given before. The powders were very unequally mixed. The usual mode of administering cantharides is as a tincture. The carbonate of iron, if by itself, would not be an unusual dose. It is given as a tonic medicine, and would produce no bad effect on a woman so situated; mixed with the cantharides and continued two or three times a day, it would bring on great irritation. That is the only form in which carbonate of iron can be administered. The only way in which cantharides is used in substance is for blisters. Large doses of savin would produce sickness. Ergot of rye is generally given in an infusion, boiling water being poured upon it.

William Dashwood Kingdon, physician of Exeter, corroborated the previous evidence.

Mr. Cumming re-called:—I think that irritation brought about by cantharides would, if continued, be likely to produce abortion. I have been two years in practice. I never had one case of the sort, and never knew cantharides given that way.

Would it not require medicine that would endanger life to produce abortion? I think cantharides in those doses if continued would not endanger life, but would be likely to produce abortion. There is no doubt cantharides would produce abortion, arising from irritation. It is the received opinion of the profession that they would produce abortion. I do not think a medical man would use them to procure abortion. There would be many more available modes to a man of experience and skill. Re-examined—Ergot of rye would be the most efficient medical agent to procure abortion by acting specifically on the uterus.

By the Judge—Ergot of rye would act with greater ease when gestation was advanced.

For the defence:—John Harris, Surgeon, of Exeter; have practised for forty years; have known the prisoner for five or six years; he has been practising in the lower part of the city; I met him at one or two consultations about six years ago; I thought him a humane practitioner, and have heard patients generally speak of him as a respectable man. I have known powdered cantharides given in substance, but have not given it myself. If I found powders containing cantharides, varying in quantity from one and a half to five grains, I should conclude they had not been mixed by a medical man; I should think the powders produced were not mixed by a medical man; I do not know from experience that powdered cantharides has been given for the purpose of procuring abortion; but I have read of it; I should think cantharides one of the last things a medical man would employ for such a purpose. Ergot of rye can be procured from every druggists' shop.

Thomas Shapter, M.D.—I am a physician, and have been practising in Exeter for some years; I have heard the opinion Mr. Harris has given, and I agree with it; I should think cantharides decidedly ~~not~~ a likely thing

for a medical man—a man of science—to give in order to procure abortion. I should say that cantharides and savin are, by popular error, considered to act specifically in producing abortion; any medicines given for that purpose would endanger life. Ergot of rye is used in difficult labours to accelerate them, but I have never heard of its producing abortion in the earlier periods of pregnancy; it would be a dangerous medicine in the later stages; labour must be almost incipient before it would produce effect. When I saw the powders it was my opinion that they had not been carefully or accurately dispensed; I should not have supposed they had been dispensed by a medical man who had been 24 years in practice. I have met Mr. Calder occasionally, and never heard anything to the contrary of his being a humane and respectable man.

Cross-examined:—I have known but little of Mr. Calder. I believe that cantharides, savin, and ergot of rye, have no specific effect in producing abortion, and I think any medical man who would use medicines to produce abortion would risk his patient's life. I do not think any medical man would attempt to produce abortion by medicines. I do not think ergot of rye would act unless natural action had commenced. I never heard of ergot of rye producing abortion.

W. Land, surgeon, of Exeter; in practice since 1812. My opinion decidedly coincides with those of Dr. Shapter and Mr. Harris. I have known Mr. Calder eight years, and always heard that he was a kind hearted humane man, and bore a good character.

The jury instantly returned a verdict of NOT GUILTY, which was received in court with great applause.

In taking a review of the above evidence we observe that the chief witness, Elizabeth Chamberlain, was, according to her own admission, of eminently bad character, and a participator in the crime of which she alleges the prisoner to be guilty; that before becoming acquainted with him, she had entertained the proposal of taking drugs for the purpose of procuring abortion, and that according to the evidence of another witness she did administer to herself savin for this purpose; she also admitted that during the time she was taking the drugs furnished her by the prisoner, she was taking medicines from another party to procure abortion. We also observe that her statement of being made sick and ill on the several occasions of taking the said drugs is not supported by the evidence of the woman with whom she lodged; and that a box of pills, a form of medicine difficult to be tampered with, was found where the witness stated she had thrown those which smelled so “dreadfully disagreeable” from their containing as she said oil of savin, and proved on examination to be composed of medicines of an ordinary and innocuous character.

The testimony of Chamberlain, with regard to the note enveloping the packet of powders is more than improbable,—it is incredible that a father living with his wife and family, would make a son, seventeen years of age, the bearer of a parcel to his paramour, containing drugs of the nature, and for the purpose alleged, and that, moreover, with a superscription

implying an intended assignation. But to look to the paper itself, the writing of the latter portion was not only totally dissimilar from that of the ordinary direction of “a powder to be taken night and morning,” but the word basket (t) was misspelt, and moreover, the statement of the packet having been sealed was not borne out by corroborating appearances on the paper itself.

The evidence of Elizabeth Chamberlain is substantiated solely by that of the acknowledged father of her second illegitimate child. This man admitted he occasionally visited her, and we find him to be the agent to discover and produce the drugs in question; suspicious as this naturally is, it is rendered still more so, by his admission of having quarrelled with the prisoner, and according to other testimony, sworn to be revenged.

In conclusion, we may observe, that Chamberlain acknowledged to prostitution, and it is subsequently evident that the prisoner was to be made the scapegoat of its consequences, for we find her asserting his being the cause of her pregnancy, so early as a fortnight after cohabitation; nor must it be lost sight of, that the charge against the prisoner is only advanced on his refusing to see, or supply her with pecuniary and other assistance.

In noticing the medical evidence, we may speak, 1st, of that portion which relates to fact; and 2ndly, of that which relates to opinion:—

1st. It will be observed, that one portion of the savin powder was in a screw of paper,* certainly unlike the form in which medicines are sent out by an apothecary; whilst the carbonate of iron powders, consisting of tolerably equal proportions of this substance, contained besides very unequal quantities of cantharides, varying from one grain and a half to nearly five grains, and that too in so rough and unpulverized a state, as would lead one rather to suppose, that in place of being properly triturated together, they had been merely broken up and subsequently added.

2nd. The opinion of the medical men, though somewhat differing on one point which will be subsequently noticed, affirmed the powders were not such as would be dispensed by a medical man, and that in the present state of science no professional man would administer the drugs in question for the purpose proposed. We are therefore not surprised that the jury viewed the whole affair as a conspiracy and returned a prompt and unhesitating verdict of acquittal.

Such I believe to be a fair account and analysis of the evidence on this extraordinary trial. I now propose examining somewhat in detail the question of the specific action of medicines in inducing abortion, upon which question it will be recollected, some difference of opinion was entertained by the medical evidence. Before proceeding to this, however, I shall refer to some lesser matters, which presented themselves in the course of the trial.

It was mentioned on the part of the prosecution by

* Though it stands thus upon the evidence, yet as it passed into several hands, it might have been so arranged subsequently.

Mr. Cumming, that he had analysed the powders, but no enquiry was made of him as to how this analysis was conducted, or by what means he came to a conclusion as to their nature. Mr. Cumming has favoured me with the following statement:—That he determined the nature of the several matters from their external characters—the *savin* by its taste and smell, and the carbonate of iron and cantharides by their general appearance. The carbonate of iron was separated from the cantharides by the aid of a magnet, and by sifting through fine muslin, which retained the latter from its being so coarsely powdered.

The prisoner was indicted for the administration of *savin*, no mention being made of any other drug, therefore, on the production of the powders containing the carbonate of iron and the Spanish fly, the counsel for the prisoner objected, on the ground that it had no relation to the intention charged in the indictment; this objection was, however, overruled by the judge on the general principle that evidence of a subsequent felony may be adduced in order to show the intent wherewith the former felony was committed.

In the course of my own cross-examination, the counsel for the prosecution was about to put a question, which was overruled by the judge. Had it been proposed it might have brought me *apparently*, though not really, in collision with the statements of Beck. The mode in which this was attempted is not unworthy the consideration of the medical witness.

EXAMINATION:—Is not the work of Dr. Beck an acknowledged authority on medico-legal questions?
Ans.—It is. You have just stated that certain medicines have no specific effect, what then do you understand when Beck says, "Even cantharides have been taken in very large doses, with a view of procuring abortion, without accomplishing the desired effect?"

The judge on this interposed, saying no opinion of Beck could be evidence, and therefore it was needless to press the question, but that counsel might ask for an opinion upon the statement involved in it. The object of the cross-examination was evidently, however, not to elicit such an opinion, but a hope that in commenting on this passage, I should state that Beck obviously intended to imply the usual effect of cantharides to be that of procuring abortion; it would then have been shown that my opinion differed from that of this acknowledged authority.

I would therefore suggest to all medical witnesses, before they are entrapped into commentaries upon whole or garbled passages, that they request the book to be placed in their hands, and examine the context for themselves.

Having now alluded to these lesser matters, I shall proceed to enquire into the question of specific agency of certain medicines in the production of abortion.

(To be concluded in our next.)

CASE OF HÆMORRHAGIC TENDENCY COMPLICATED WITH PURPURA, AND WITH STRUMOUS DIATHESIS.

By R. T. HUNT, Esq., Consulting Surgeon to the Lying-in Hospital, Manchester.

1843. March 21st. T. Gregory, aged 24, a musician of very dissipated habits, and of strumous diathesis, was attacked early this morning with alarming hæmorrhage from the gums, which had continued increasing until 9½ p.m., when I first saw him. There is a constant profuse oozing of arterially coloured blood from the gums surrounding every tooth in both jaws, but not from any other part of the mucous membrane of the mouth. Where the gums should embrace the teeth they are soft, spongy, and retracted from each tooth, but not ulcerated. The gums near the outer incisor, the canine, and bicuspid teeth, on the left side of the upper jaw, bleed more freely than the others. Of these teeth only decayed stumps remain, with apparent absorption of the alveoli. The mouth is filled with fluid and coagulated blood, which, mixed with saliva, he frequently puts out into a small wash-hand basin, which has been often emptied during the day. Countenance anxious, but neither flushed nor pale; pulse quick and throbbing, respiration natural, bowels constipated, and have been so for some days, urine scanty; no headach nor any other pain. I applied the nitrate of silver freely to the gums, and prescribed the following lotion:—

Nitrate of potass.	½ ounce.
Sweet spirit of nitre	1 ounce.
Water	6½ ounces.

22nd, 11 a.m. The bleeding has continued, having been only slightly checked by the caustic. The bowels have not yet been opened.

As he stated that the bleeding began yesterday with cleaning his teeth, and that he had never previously been subject to hæmorrhage from the mouth, nose, nor any of the mucous membranes, I did not become fully aware of the nature of the case until this morning. But I now observed scattered over the body, but more particularly over the face, neck, and shoulders, a purpurial eruption of the small punctuated kind, accompanied with a few small papulæ. This circumstance, combined with the manner in which the blood incessantly oozed from the gums, without any jet, its arterial colour, and the absence of any degree of faintness, although so much blood had been lost, led me to conclude that this was a case of hæmorrhagic tendency, to a certain extent modified by the scrophulous diathesis.

The degree to which the system was affected by the scrophula was evident from the numerous enlarged glands in the face and neck; those in the face situated over the parotid gland being at present in a state of inflammation. He was ordered the following mixture:—

Sulphate of soda	2 ounces.
Water	6 ounces.

The caustic was again applied, the actual cantery appearing objectionable on account of the extent of the bleeding surfaces, and compresses of lint were placed between the gums and lips, and between the teeth. In the course of the afternoon, I removed the lint and

used finely powdered gum-mastic, which mixing with the blood formed a firmer coagulum, and checked the bleeding rather better than the former applications. The bowels not having been moved the sulphate of soda was continued.

7 p.m. The hæmorrhage still continuing, my friend and colleague, Mr. Barton, saw the case in consultation with me, and at his recommendation, the mouth was first well cleaned with a saturated solution of alum and spirit of turpentine freely applied to the bleeding surfaces, by means of a stiff-bristled brush. Mr. Barton stated that Gregory had consulted him about two years since, in consequence of an affection of the chest, indicating a strong tendency to phthisis.

10 p.m. No abatement in the hæmorrhage. He now looks much more anxious, face rather flushed, skin hot and dry, pulse much quicker and more throbbing, feet quite warm, bowels still unmoved, and urine scanty. Powdered catechu was freely applied to the gums, and he was directed to take an ounce of the following mixture every three hours :—

Tincture of opium 2 drachms.

Camphor mixture 6 ounces.

and when the mouth became so clogged that the lint required changing, to use the alum lotion; to lie in bed with his head well raised, to be kept perfectly quiet, and take nothing besides cold egged milk, toast-water, and his medicine.

23rd, 9½ a.m. Owing to a mistake he took the lotion internally, and used the opiate mixture as a lotion for his mouth. His bowels have been repeatedly and freely opened, the motions dark-coloured, and the urine free. He has vomited once or twice, and about the middle of the night he fainted, and afterwards slept for two hours, being his first sleep since the commencement of the hæmorrhage. The bleeding has since been much less profuse, the blood less arterial in character, the pulse less frequent, the skin cooler, and he is more cheerful. To take no internal medicine, but to continue the opiate lotion, catechu, and the same diet.

9½ p.m. The bleeding still continues but in diminished quantity, and the blood is much less florid. The bowels have been several times freely opened.

Di-sulphate of quinine. 1 drachm.

Diluted sulphuric acid 1½ drachm.

Water 6 ounces.

An ounce to be taken every three hours. A blister to be applied to the back of the neck.

Fearing that the vesicated surface would bleed, if the blister acted too strongly, he was ordered to keep it on only six hours, but through the negligence of his nurse, it was kept on eight hours. The vesication was very free, and after the fluid had been let out, the excoriated surface appeared of a deep venous purple, instead of the usual florid red. Great care was taken to preserve the cuticle until the blistered surface healed, and fortunately no hæmorrhage from it occurred.

24th. There were observed to-day two papular, purplish elevations near the tip of the tongue, but these did not bleed. There was also slight bleeding from the right nostril. The hæmorrhage from the gums gradually decreased, and none took place after the 26th. The scrophulous glands were at this time much diminished in size, and quite free from inflam-

matory action, and scarcely a trace of the purpural eruption remained. It should not be omitted that a bruise on almost any part of the body was followed by almost immediate ecchymosis.

REMARKS.

The alarming nature of cases of hæmorrhagic tendency, and the rareness of their occurrence, renders any similar case, however trifling in itself, of considerable importance, until the principles upon which to found our treatment, are fully established. A close observation of the two instances which I have witnessed,* has convinced me that local treatment of every description acts merely as a palliative whilst that state of the system exists upon which the hæmorrhage depends. This opinion is corroborated by Dr. Otto's cases,† and by his remarks upon them. My reliance in future will be upon internal treatment, by means of the sulphate of soda. Whether a free dose of calomel and colocynth given in the first instance, a plan which appears to me likely to prove beneficial, might not cause the sulphate of soda to act more quickly on the system, is a question which only experience can decide. But in all cases in which the sulphate has been given, no effect upon the hæmorrhage appears to have been produced until this medicine acted upon the bowels, which have usually been in a constipated state during several days.

There is no doubt that opium, diacetate of lead, secale cornutum, and tincture of the muriate of iron, given internally, produce effects upon the system which appear remedial in various descriptions of hæmorrhage and its consequences. But it does not seem essential to their action on the system, that the bowels should be freely open; on the contrary, most of them have a direct tendency to induce constipation. In this they differ from the sulphate of soda, and consequently there is a great probability that they cannot be efficacious in arresting similar descriptions of hæmorrhage.

* Vide case recorded in the Provincial Medical Journal, vol. 2, page 143.

† London Medical and Surgical Journal for 1808.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 10, 1844.

It is with some concern that we feel ourselves called upon to bring before our readers the following singularly curious example of judicial and juridical decision in favour of as gross an instance of empirical practice as ever infringed upon the provisions of the Apothecaries' Act. The case occurred in the Worcester Court of Pleas, although we understand it is not likely to stop there.

A woman of the name of Ann Jones, a sick nurse, and vender of nostrums for curing all manner of ills in man and beast, sued Richard Price, groom to a gentleman in the neighbourhood of Worcester, for two pounds, the bill of particulars of which showed a long array of boxes of pills, ointment, and so forth. It appeared that the defendant, being on friendly terms with the plaintiff and her

sisters, at three different times lent them £12 to put distresses out of their house, and being unable to get payment of the debt otherwise, it was recovered by suit, whereupon the present action was brought. Delivery of the goods having been proved, on cross-examination one of the plaintiff's witnesses, a sister, said, "We sell the ointment at 2s. 6d., and the pills at 1s. 6d. per box, and the lotion at 2s. per bottle; the ointment is very invaluable, it is made entirely of herbs, and cures all sorts of diseases; the materials of which it is composed are very expensive; it is good for either man or beast; I can't (said the witness, with a cunning look) tell you how it's made, so it's not true that a woman can't keep a secret. The medicine is good for burns, scalds, scrofula, rheumatism, gout, and numerous other diseases. When persons apply to my sister for advice, she prescribes what medicine they should take, and tells them the number of pills they will require; sometimes three or four will do, and this number may be increased up to twenty." The same points were brought out from another witness. It was then put to the Court that plaintiff's own witnesses having clearly shown that she had been practising as an apothecary within the meaning of the Act 55 Geo. III., c. 19, s. 20, she could not recover.

The case of the Apothecaries Company *v.* Allen was referred to, in which Lord Chief Justice Denman distinctly laid it down that to prescribe as well as prepare the medicines was to act as an apothecary within the meaning of the statute, a view which was taken by the whole Court on the point being argued before it, Mr. Justice Littledale saying, "I don't know what is acting or practising as an apothecary within the clause in question if this is not."

It was therefore submitted on the part of the defendant Price that there could be no doubt on the point, and that consequently there was nothing to go to the jury. Some technical objection however was urged on the other side, and the presiding Magistrate decided on sending the case to the jury, remarking in his summing up,—that it was for them to say whether it had been shown that plaintiff had acted as an apothecary; if she had, verdict must be for defendant, but they might probably think that she had sold the ointment, pills, &c., as nostrums, and in that case she would be entitled to a verdict. Nostrums are things of value, as might be learned from Holy Scriptures, where mention was made of salves and other nostrums. The jury found for the plaintiff, damages £2.

It is our wish at all times to treat the decisions of Courts of Justice with deference, and to shew every respect for those who preside over them; still so extraordinary a doctrine as that laid down by the Magistrate in the present instance, as to the grounds on which the jury were to found their verdict, cannot be allowed to pass without question. However well it might have accorded with the

ingenuity of an advocate or a special pleader, retained for the express purpose, to invent so palpable an evasion of the provisions of the Apothecaries' Act, it was scarcely within the province of the Judge either to aid him in such a course, or to point out to him that it might be adopted with effect.

In giving a charge, the duty of the Judge is to draw the attention of the jury to the leading and important facts adduced in evidence before them; to give to the evidence its proper value; to place the law of the case in its just light, and to divest the whole proceedings of the trial, whether criminal or civil, of all those mystifications in which the pleaders on either side, to serve the purposes of their respective clients, are too apt to endeavour to involve them. Now, if the Apothecaries' Act be of any value at all—if it have any meaning whatever in regard to the protection which it affords, or was intended to afford, against the practices of unqualified and illegal pretenders, the case on which we are commenting is precisely one which comes under its provisions. It was the duty, then, of the Magistrate before whom the case was heard rather to support and enforce the evident intention of the Act, therein following the precedent established by the decision of superior Courts, than to exercise his skill as a barrister, in pointing out a loop-hole through which the offender might creep, and the law, which it is his province to administer, be rendered null and void.

We are indebted for the heads of the report of the trial to the *Worcester Herald*, and cannot refrain from quoting the very judicious comment with which the account given of it concludes:—

"The prodigious amount of harm done by ignorant and empirical pretenders to the healing art, is so frequently thrust upon our observation in the most fatal shape in its results, that we cannot help expressing our regret that the learned Judge in this case should unfortunately have placed himself in the position of appearing to give the weight of his authority to the practices of one of the dangerous fraternity. The Apothecaries' Act was a small, a very small instalment of medical reform, but it seems to us that if Mr. —'s law be accurate even it must be a dead letter. What we ask, is to prevent any one when sued under its provisions from saying, 'Oh I did prescribe it is very true, but I prepared no medicines; my salves, ointments, pills, lotions, were nostrums.'"

We are no advocates for the exercise of arbitrary power, but we cannot but think that the spirit of inquiry manifested by the Duke of Norfolk at the wars of Montreuil, in the time of Henry the Eighth, might be imitated with advantage in the nineteenth century. We quote Thomas Gale's account of certain empirical practices of that day, from the work recently issued by the Sydenham Society. "I remember," says he, "when I was in the wars at Montreuil, (1544) in the time of that most famous Prince, Henry VIII., there was a great rabblement

there, that took upon them to be surgeons. Some were sow gelders, and some horse gelders, with tinkers and cobblers. This noble sect did such great cures, that they got themselves a perpetual name; for like as Thessalus' sect were called Thessalions, so was this noble rabblement, for their notorious cures, called dog-leaches; for in two dressings they did commonly make their cures whole and sound for ever, so that they neither felt heat nor cold nor no manner of pain after. But when the Duke of Norfolk, who was then general, understood how the people did die, and that of small wounds, he sent for me and certain other surgeons, commanding us to make search how these men came to their death, whether it were by the grievousness of their wounds, or by the lack of knowledge of the surgeons, and we, according to our commandment, made search through all the camp, and found many of the same good fellows which took upon them the names of surgeons, not only the names, but the wages also. We asking of them whether they were surgeons or no, they said they were; we demanded with whom they were brought up, and they with shameless faces, would answer, either with one cunning man, or another, which was dead. Then we demanded of them what chirurgery stuff they had to cure men withal; and they would shew us a pot or a box, which they had in a budget, wherein was such trumpery as they did use to grease horses' heels withal, and laid upon scabbed horses' backs, with verval and such like. And others that were cobblers and tinkers, they used shoemakers' wax, with the rust of old pans, and made therewithal a noble salve, as they did term it. But in the end this worthy rabblement was committed to the Marshalsea, and threatened by the Duke's Grace to be hanged for their worthy deeds, except they would declare the truth, what they were and of what occupations, and in the end they did confess, as I have declared to you before." p. 269.

"Anatomical Manipulation: or the Methods of pursuing Investigations in Comparative Anatomy and Physiology. Also an Introduction to the Use of the Microscope, &c. By ALFRED TULK, M.R.C.S., M.C.S., and ARTHUR HENFREY, A.L.S., M. Micr., S. with illustrative diagrams." London: Van Voorst, 1844.

The authors of the work before us have undertaken to supply the student in anatomy with directions how to proceed in the examination of the various organs and structures found in the animal kingdom, and also how to preserve these for future examination. They have arranged their matter under three general divisions.

The first division is occupied by the description of the various appliances for dissecting, and all the instruments used in making preparations. The second division is devoted to the description of the optical principles on which the microscope is made; a portion

that might have been left out without injury to the work, were it not that the latter part of the article treats of the use of this instrument as adapted to anatomical research. The third, and by far the most important division, contains instructions for dissecting, and an account of the means best adapted for the preservation of animal tissues.

A work embracing so many subjects must be in great part a compilation; for there are few who have engaged themselves so extensively in the study of comparative anatomy as to enable them to write from their own experience a work on anatomical manipulation. The authors have, accordingly, borrowed very largely from a French work, the "*Traité Pratique et Théorique d'Anatomie Comparative.*" They have also made use of many facts mentioned in anatomical subjects in our own language. Such a work was, however, much wanted in our language, and we owe our thanks to the authors for having bestowed their labour in writing a book upon this practical subject; and although the work is faulty in the absence of definite instruction in many points where the student may require it—yet on the whole the production must be considered as useful, and especially in the present scarcity of works on the subject.

The chapter which treats of the osseous system is by far the most perfect, and exhibits a considerable practical knowledge in the preparation of skeletons. That which treats of the tegumentary system, on the other hand, is far from satisfactory, both as regards the quality and the quantity of the matter which it contains.

The general arrangement will not admit of much improvement, but should a second edition be called for, we would strongly urge the authors to condense the matter in the present edition, and to add more practical information, so that the student who is as yet a novice in dissecting, may learn, at the least possible expenditure of time in reading, the method he should pursue in examining the particular part with which he is desirous of becoming acquainted. Descriptions cannot be too plain nor too much in detail by which beginners are to be instructed, but at the same time they should be in as few words as possible, otherwise they become tedious, and will not be read.

In conclusion, we recommend to our readers the above work, as the best in our language on the subject, and although we cannot give unqualified praise, yet we would criticise it in no unfriendly spirit, and trust that we may soon see a second and an improved edition.

Advice to Mothers on the Management of their Offspring, during the periods of Infancy, Childhood, and Youth. By PYE HENRY CHAVASSE, Member of the Royal College of Surgeons, London. Third Edition. London and Birmingham, 1843. pp. 219.

Advice to Wives on the Management of themselves during the Periods of Pregnancy, Labour, and Suckling. By PYE HENRY CHAVASSE, Member of the Royal College of Surgeons, London. Second Edition. London and Birmingham, 1843. pp. 91.

These works it will be at once perceived from their titles are intended for general circulation, and they seem to be well fitted for the purpose of affording

useful information on many points on which young wives and young mothers require advice. Although we are precluded from giving any extended notice of them, we may observe that, on looking them through, many of the directions, especially with respect to the management of children, have struck us as being judicious, and if followed, well adapted to contribute to the welfare of the infant and child. They may prove useful also to medical practitioners as well as to those to whom they are more especially addressed, by directing their attention to many of the so-called minor but really essential points in the domestic management of families in which an opinion is not unfrequently asked for.

ANONYMOUS CORRESPONDENT OF THE LANCET.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

A scurrilous attack on the *Provincial Medical Journal* having appeared in the second number of the new *Lancet*, in the form of a letter, professedly written by one of the oldest members of the Provincial Medical and Surgical Association, and dated Nottingham, March 27, 1844; we, the undersigned, being the *whole* of the Nottingham members of that Association, hereby declare that no one of us wrote, or was in any way cognizant of, the letter in question:—

JOHN CALTHORP WILLIAMS, M.D.
JOHN HIGGINBOTTOM.
CHARLES STORER, M.D.
BOOTH EDDISON.
THOMAS WILSON.
F. SIBSON.
ROBERT DAVISON.
J. N. THOMPSON.
G. M. WHITE.
HENRY TAYLOR, M.D.

Henry Payne, M.D., of Nottingham, Member of the Provincial Medical and Surgical Association, presents his respects to the Editor of the *Provincial Medical and Surgical Journal*, and informs him that he did not write, and that he does not know who did write, the letter that has appeared in the 2nd number of the *New Lancet*, which reflects on the *Provincial Medical and Surgical Journal*.

Newhill, near Rotherham, Yorkshire.
4th month, 7th, 1844.

[Dr. Payne was from home, as the date of his note shews, when the letter to which it is attached was drawn up and signed. The Editor begs to offer his best thanks to the Nottingham Members of the Association for the manner in which they have come forward in support of the Journal on this occasion.]

CRYPTOGAMIC VEGETATIONS (?) ON THE MUCOUS MEMBRANE OF THE STOMACH.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In the Provincial Medical Journal, No. 179, is an account of "Cryptogamic Vegetations on the Mucous Membrane of the Stomach after Death," by Dr. Lees. A short time before it was published, I had examined a body disinterred 18 months after death, on suspicion of there having been poisoning with arsenic, and found the mucous membrane of the stomach, as Dr. Lees describes it in his case, of a deep chocolate colour. At the cardiac extremity it was studded with numerous white granular bodies about the size of millet seeds. There were none at the pyloric extremity nor in any other part of the alimentary canal. At first it was thought these bodies might be arsenic, but upon examination by the usual tests, they yielded the same results as adipocire. This also agrees with Christison and Buchner's opinion of what appear to be similar substances found under the same circumstances. The stomach and intestines, with their contents, were taken to London by my partner, Mr. Turner, and examined by Dr. Leatheby, of the London Hospital, who could not detect arsenic.

I have the honour to be,

Your obedient servant,

JOHN AYLING BLAGDEN.

Petworth, March, 30th, 1844.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

There are two anonymous letters in the Provincial Medical Journal, of the 10th of February and 2nd of March, under the signature of "*A Provincial*," from "*Doncaster*," respecting the qualifications of Poor-law Medical Officers, which I, as well as other practitioners in this vicinity, think ought not to have been allowed to be inserted without being authenticated by the author's name and residence.

Much as I regret that there are persons practising as apothecaries and general practitioners in this neighbourhood, without the proper *legal* qualification, I still more regret that there should be one *legal* practitioner, who can so far forget what his station in life requires of him, as to allow himself, from any cause, to write *anonymously* against the character of any one.

To set this matter right before the profession, I hope you will give the name of the author of these two letters, if you know it: and if not, that the writer will, in reply to this, do that justice to all parties himself.

I am, Sir,

Your obedient servant,

E. J. SHEARMAN.

Rotherham, March 25, 1844.

FRENCH ACADEMY OF SCIENCES.

Sir Benjamin Brodie has recently been elected a Corresponding Member of the Academy in the Section of Medicine and Surgery, to the vacancy caused by the death of Sir Astley Cooper. The unsuccessful candidates were—Valentine Mott, Dieffenbach, Chelius, Stromeyer, and Riberi. Thirty-nine votes were recorded for Sir B. Brodie out of forty-three. At the same sitting a similar vacancy in the Section of Anatomy and Zoology was filled up by the Prince of Canino (Charles Bonaparte.) Goldfuss, Kirby, M'Leay, Carus, Müller, Rathké, and Valentin, were among the unsuccessful candidates.

SYMPTOMS PRODUCED BY DIFFERENT NARCOTICS.

Belladonna, besides its narcotic effect, is productive of furious delirium and great congestion in the brain. Hemlock and henbane have rather a soporific than a narcotic power, but they produce cerebral congestion and convulsions. Stramonium excites a scarlatinous redness of the skin. Nux vomica and strychnine bring on epileptic convulsions, and a peculiar rigidity of the extremities, symptoms lasting till a sudden prostration takes place. Alcoholic drinks produce lethargy with spasms, but no strikingly marked congestion. Opium and morphine cause slight delirium, which soon gives way to supineness; face ruddy, and extremities cool; pulse weak and tremulous; constipation, or else involuntary evacuations. Tobacco causes a state of asphyxia and syncope, paralysis and relaxation of the limbs, and involuntary evacuations. Poisonous fungi, with a true narcotic effect, make the extremities cold, and cause constipation; abdomen inflated and painful; pupils contracted. Prussic acid, bitter almonds, &c., induce a state of asphyxia and paralysis, and if death be not immediate, a soporific state, with congestion in the brain.—*Exitem in Medicinische Zeitung.*—*American Journal of Medical Sciences.*

CLUB FOOT CURED AT AN ADVANCED AGE.

A case of club foot, in a woman 73 years of age, successfully treated, is announced as having been communicated to the Editor of the *American Journal of the Medical Sciences*, by Dr. J. B. Brown, of Boston. Neither the particulars of the case, nor the method of treatment followed, are however given.

OBITUARY.

We regret to have to announce the loss which the Provincial Association has just sustained in the death of Dr. Barlow, of Bath. Dr. Barlow was one of the original members, and from the first formation of the Association until the last few weeks of his life, when the encroachments of disease prostrated his energies, never ceased to manifest the warmest interest in its concerns. The Retrospective Address at the first anniversary meeting held at Bristol, in the year 1833, was read by Dr. Barlow, and when the Association met at Bath in the year 1838, he succeeded to the office of President, to which he had been elected on the preceding anniversary. It is unnecessary to dwell on the untiring zeal and ability with which he discharged the duties of this office and of every other in which he engaged for the benefit of the Association. They are fresh in the recollection of most of

the members. It would however be wrong to pass over without remark the strenuous efforts which he made in placing the question of Medical Reform, of which he was one of the oldest as well as most able advocates, on sound and intelligible principles. To his advice and assistance on this question as well as on many others in which important interests were concerned, the Council have from time to time been greatly indebted to him. His removal from the sphere of his usefulness, they, in common with the Association, and we may add the Profession at large, will long feel and lament.

ROYAL COLLEGE OF SURGEONS.

List of gentlemen admitted Members, on Friday, March 29, 1844:—N. B. Gill; H. Bellinghurst; T. Phillbrick; T. Nott; N. Kennicott; G. F. Moreton; R. J. Scott; T. Cochran; W. Hoare; H. Hillier; A. Mason; and C. Roberts.

APOTHECARIES' HALL, MARCH 14, 1844.

Certificates of qualification to practice, were granted to John Wickens West, of Poole; George Padley, of Swansea; Benjamin Johnson Webb, of Exeter; and Jacob Dickson Hunter, of Lockwood, Yorkshire.

TO CORRESPONDENTS.

Communications have been received from Dr. Shapter, Mr. Bree, Mr. Nunneley, Dr. Watmough, and Dr. Charlton. We have to apologize for the delay which has occurred in the insertion of several valuable papers and cases, arrangements are however in progress by which this will we hope be obviated in future.

A CONSTANT READER.—We fear not:—Even in the cases expressly contemplated in the order of the Poor-Law Commissioners, the claim for extra remuneration has too often been made the pretext for a corresponding permanent reduction in the amount of the salary.

Medical Witnesses.—If each of the Surgeons in attendance received a summons from the Coroner to give evidence, and they were severally required to assist at the post mortem examination, we do not see on what principle the fee of three guineas was allotted. The Act is express, and states the fee for every medical witness to be one guinea for attendance to give evidence without post mortem examination, and two guineas with. There seems to be some difference of opinion with respect to the mileage, and the custom may possibly be different in different parts of the country.

Several letters have been received in answer to the Notice respecting the name and address of members of the Association. The corrections pointed out shall be carefully attended to.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON OPIUM, AS A REMEDY FOR THE EFFECTS OF UTERINE HÆMORRHAGE.

BY THOMAS DORRINGTON, ESQ.,

Surgeon to the Manchester and Salford Lying-in
Hospital.

(Concluded from p. 17.)

"Opium acts as a cordial, lulling the irritability of the patient, and producing a sleep, or at any rate, a composing stupor;" and again, "I strongly recommend opium in large doses, and in the solid form, in those cases of irritability produced by a loss of blood which had previously taken place; but that only when the uterus is contracted, and the danger from flooding is past." Now his objections, if based on facts, would be fatal to the use of the drug; because, as was said in the beginning of the paper, opium is not intended to supersede the usual means of producing *uterine contraction*, on which alone we must depend for the permanent suppression of hæmorrhage, but as a valuable auxiliary in *counteracting the bad effects of loss of blood on the system*. He states that opium "takes off both muscular and uterine action; it disables the uterus therefore from contracting, even were it so disposed."

This statement however is only true to a very limited extent, as far as I have observed; and the proportion of truth that it contains I will proceed to show. Three kinds of contraction are noticed in the uterus, viz., intervallic contraction, attended with pain, and commonly called "labour pains;" tonic contraction or the contraction of tissue, unattended with pain; and irregular or spasmodic contraction, attended with violent pain, commonly called "false pains." Now the first and last of these varieties of contraction have this in common, that they are not constant when the uterus is in a normal state, but come on at intervals, whilst the tonic contraction of the uterus is constant, and not increased at intervals. It is almost needless to remind the reader that on the tonic contraction of the uterus we depend for the suppression of hæmorrhage. As far as I have seen, opium has very little effect in suppressing genuine "labour pains," and none at all in diminishing the tonic contraction of the uterus. The only species of uterine action over which it has much power is the spasmodic contraction, whether it shows itself in the form of "false pains" before or during labour, or hourglass contraction, and spasm of the cervix uteri, or any other irregular kind of contraction after labour, and over these it exerts a considerable and salutary influence. I

have never seen *true labour* suspended by a large opiate, but have often had to resort to free bleeding, when I have wished to check violent action, both inter-vallic and tonic, during difficult and protracted labours, when I have dreaded rupture of the uterus; although I have previously given a fluidrachm or two fluidrachms of tincture of opium, in the vain expectation that this might control the inordinate contraction. Loss of blood, whether by means of the lancet, or spontaneously as in hæmorrhage, is the only agent that I know of, that has much influence in diminishing these varieties of uterine action; and whoever relies on opium, antimony, or any other drug for the attainment of this end, when it is imperatively necessary for the safety of his patient, will find that he has miscalculated the strength of his remedy. Spasmodic pains that sometimes precede, or accompany the beginning of labour, are much relieved by opiates; and I suspect that when true labour is supposed to have been thus suspended, the case has in reality been one where false pains have been allayed.

Whether I am correct or not in the view I take as to the slight effect of opium in suspending true labour pains, I can safely say that no facts have been recorded which tend to prove that tonic contraction of the uterus has been diminished or annihilated by an opiate, however large; whilst Dr. Duncan Stewart's cases on the other hand show that the uterus contracts as readily and as firmly in cases where large doses of opium have been given, as when the cases have been treated by stimulants. Until, therefore, Dr. F. H. Ramsbotham can adduce evidence against the use of opium as strong as Dr. D. Stewart does for it, in respect of this question of uterine contraction, his objections must be considered theoretical; and his statements respecting the power of opium over uterine action be considered as true only in so far as they refer to spasm of the uterus.

The best mode of administering opium in uterine hæmorrhage is in the form of tincture mixed with water. Dr. Duncan Stewart combined laudanum and brandy in some cases, though not in all, and I have on one or two occasions adopted this plan; but I cannot say that the combination has any better effects than the laudanum alone. Mr. Hunt objects to the combination on the ground that the action of brandy on the system is contrary to that of large doses of opium, being stimulating, and so far injurious. I was led to use the brandy along with the laudanum, in cases where there was rather a tendency to syncope than to jactitation and restlessness, on the theoretical grounds that the brandy might be useful in rousing the patient,

where a degree of reaction seemed desirable. I have, however, repeatedly used laudanum alone in similar cases, and the effect has appeared as decided as where both were given. Perhaps, too, we should avoid giving anything to cause reaction, where syncope exists, as this is curative in its tendency in all hæmorrhages. Dr. Duncan Stewart recommends solid opium where laudanum is vomited, but in this form the remedy acts rather slowly; and my experience accords with that of Mr. Hunt in this particular—viz., that a second and third dose will often remain on the stomach, although the first has been rejected. I may remark, that although opium is always useful in uterine hæmorrhage, yet its good effects are most marked in those severe cases where there is great restlessness, jactitation, delirium, and excitement of the nervous and muscular systems, for in these cases it acts almost like a charm.

I append a few cases, very concisely drawn up from notes taken at the time of their occurrence. It will be noticed that I do not enter into any details as to the subsequent progress of the cases, the reason for which is, that there was nothing remarkable in them, and it is always very undesirable to make cases too long. It will be also noticed that in most of the cases, the hæmorrhage occurred after delivery, but it must not be understood from this, that I should object to administer the drug before or during labour, if the effects of the hæmorrhage were such as to require it. Of course in such cases the use of opium does not supersede the ordinary treatment, as will be seen in the third case.

CASE I.

Mrs. P., about 30 years of age, had always been liable to hæmorrhage during or after labour, being a delicate woman, of sanguine temperament, and very excitable. She fell into labour on the 5th of April, 1842, and in three hours and a quarter the labour had terminated, and the placenta been expelled. In a very few minutes after the latter occurrence, although the uterus had seemed to contract tolerably well, and her binder had been firmly applied, hæmorrhage came on, attended with some tendency to uterine spasm, as indicated by short severe after pains. Although the flooding was by no means very abundant, she began to have vertigo, and nearly went off into a state of syncope; the uterus being relaxed. I administered one fluidrachm and a half of tincture of opium, in a little water, which revived her, and applied grasping pressure to the uterus through the abdominal parietes. The hæmorrhage began to diminish and the uterus to contract, and in about ten minutes I again administered one fluidrachm of tincture of opium, as the vertigo still remained in some degree. After this she felt very comfortable, and no more hæmorrhage occurring, got an hour or two of refreshing sleep. After the first dose of laudanum the irregular action of the uterus seemed to disappear, and to be replaced by normal tonic contraction. She recovered remarkably well, so that I had no occasion to visit her after nine days.

CASE II.

On October 10, 1843, I was sent for by a midwife, to see Mrs. M'C—, about 26 years of age, on account of severe hæmorrhage. It was her second labour, and the progress of this was, according to the account of the midwife, who was experienced, in every

respect natural, and terminated in three hours and a half from its commencement in the spontaneous expulsion of the placenta. Before this came away, considerable hæmorrhage took place, and continued for some time after its expulsion. I saw the patient about an hour after the commencement of the flooding, and when I arrived it had ceased; but the effects of loss of blood were very obvious. She lay prostrate and pale, very anxious, occasionally tossing about from side to side, and throwing her arms about her head. The uterus was pretty well contracted, but larger than it usually is after the expulsion of the placenta; the pulse rapid and feeble, and the skin cold and clammy. From the quantity of discharge I saw, the hæmorrhage must have been copious. The midwife had given her twenty minims of tincture of opium before I arrived, in some brandy and water. I immediately administered one fluidrachm of tincture of opium, and after a short time left her, as there was no further discharge, and as she had become tranquil and comfortable.

I saw her again in about three hours, and found her very composed and in very good spirits. The day after she was as well as many patients are who have no hæmorrhage, and progressed so rapidly in her recovery afterwards, that by the end of the week she had left her bed-room.

CASE III.

On August 29, 1842, I was sent for by a midwife to one of the patients of the Manchester and Salford Lying-in Hospital, on account of accidental uterine hæmorrhage before labour. The woman stated that she had been washing hard all the afternoon, and at half-past eight, p.m., she began to flood; she thought that she was a fortnight off the full term of pregnancy. From the time that the flooding commenced till half-past eleven, p.m., when I first saw her, a very considerable quantity of blood came away; and the midwife stated that the woman had been rendered quite faint, vomited, yawned, had jactitation, imperceptible pulse, and "two fits." She had taken a considerable quantity of brandy before I came, and I found her somewhat better than she had been. She was still, however, very pallid, with her lips colourless, a cold clammy sweat on her face, a feeble, small, frequent pulse, and complained of burning pain above the pubis. The hæmorrhage still continued to drain away from her. The os uteri was thickish, rugous inside, about half an inch long, and dilated the size of half-a-crown. The head presented, covered tightly by the membranes, no liquor amnii intervening, which induced the midwife to suppose that the membranes had ruptured before her arrival. I gave one fluidrachm and a half of tincture of opium, and then ruptured the membranes. The hæmorrhage ceased, the pulse became firmer, the skin warmer, and the feeling of exhaustion much relieved. Labour came on almost immediately, and terminated in four hours and a half, the placenta coming away naturally. The child was dead, and exhibited very marked signs of venous congestion about the head and body. After the termination of the labour, one fluidrachm and a half more of tincture of opium was given.

The next morning she said she had passed an excellent night, having slept very soundly. She had no after pains, nor pain in the head, and recovered well and rapidly.

With regard to the death of the child, from venous congestion of the head, I may here say that I have not unfrequently seen this in cases of severe hæmorrhage; and, indeed, am inclined to think that we more frequently witness this appearance than that of pallor in such cases.

She stated that she felt the child move just before the flooding began, but never after.

CASE IV.

On the 23rd of October, 1842, a midwife of the Manchester and Salford Lying-in-Hospital summoned me to a case of accidental hæmorrhage before labour. The patient was one of the most delicate women I have ever attended, as may be supposed when I state that she had miscarried, or had premature labours seven times, before this pregnancy. She was at about the sixth or seventh month, and had not felt the child move for several days. I saw her at one p.m., and although the flooding had not been copious, it had affected her severely, for she felt very faint, cold, sick, and thirsty, was very pallid, and had a very feeble pulse. She had felt trifling pains for two or three hours, and each pain was accompanied by a gush of slight hæmorrhage. The os uteri was thick, hard, and dilated to about the size of a half-crown, but was oval. I gave her one fluidrachm of tincture of opium, and remained with her about an hour, at the end of which time she had become warmer, and felt less faint, and the discharge had ceased, as well as the pains that had accompanied it. In about four hours, without a recurrence of the flooding, labour came on, and in about one hour and a half terminated in the birth of a dead child, at the sixth and a half month. In ten minutes about a pint of coagula and the placenta were expelled; no hæmorrhage followed, but as the pulse was feeble, and the woman felt rather sick, I gave one fluidrachm of tincture of opium.

This woman suffered subsequently for a week or thereabouts from pulsating pain in the head, which was much relieved by five minim doses of laudanum given every four hours. She recovered very slowly from the effects of her labour, as might be anticipated from the shattered state of health in which she was when it came on. Indeed, so completely had her constitution been undermined by her numerous miscarriages, that I considered her a permanent invalid at the time that she was discharged from the hospital.

I adduce this case to prove that, even under the most unpropitious circumstances, the treatment I am advocating may be adopted with advantage.

CASE V.

On the 8th of April, 1843, I was summoned in haste by a midwife to a patient of the Manchester and Salford Lying-in-Hospital, who had retention of the placenta with hæmorrhage. The labour was natural, and the child was born three hours and a quarter after its commencement, according to the account of the midwife. Owing to some delay on the part of the messenger, I did not arrive till after the placenta had been retained three hours and a quarter. It was however just being expelled when I arrived, and I had only to withdraw it from the vagina; it was one of the oblong oval form. My attention however was forcibly attracted to the condition of the woman, who was evidently suffering most severely from loss of

blood. I questioned the midwife closely, but though she acknowledged there had been some hæmorrhage, she denied that there had been much. However that might be, and I did not place much reliance on her account, I never witnessed any case of flooding in which a greater effect had been produced on the system. The lips were perfectly colourless, the pulse almost imperceptible, the skin cold and bedewed with cold sweat; the head giddy, and the voice nearly inaudible: there was however neither vomiting nor jactitation. The uterus was flabby, but with a little friction soon contracted to a moderate degree of firmness. I gave two fluidrachms and a half of tincture of opium in the course of ten minutes, but still I could not feel the pulse become any firmer or more distinct; but on the contrary, it became more and more imperceptible. So bad did I consider the case, that I summoned Dr. Radford and Mr. Hunt in consultation, and went off for the transfusion syringe, leaving the woman in the care of the midwife, with full directions how to treat her till my return. Mr. Hunt arrived in about 55 minutes after I left, but could not distinguish the pulsation at the wrist when he first saw her. In about five or ten minutes, however, it again became perceptible, and was 120 in the minute. He moistened the woman's lips with a little water, and by degrees she became so much revived as to be able to answer questions; and in half an hour, when I arrived, she expressed herself as feeling tolerably comfortable. There had been no hæmorrhage after I left, and the uterus was pretty well contracted; the pulse was moderately firm, and 120 in the minute. Dr. Radford, Mr. Hunt, Mr. Windsor, (who had kindly lent us his transfusion syringe and accompanied us to the house,) and myself, agreed that she seemed in so good a state as to preclude the necessity for transfusion, and left her in the course of a short time, with orders that she should have arrowroot and brandy frequently. She recovered very well, for at the end of the week she had left her bed, and in three weeks was well enough to leave the house. She suffered for the first few days after the labour from pulsating pain in the head, but this was easily controlled by five minims of tincture of opium, every four hours. Beyond this she had very little treatment; a laxative occasionally so that her bowels might act once in every two or three days, and subsequently a mixture of quinine were all she required. Nourishing diet, with wine and brandy in small quantities, was also taken.

CASE VI.

On May 25, 1843, I was summoned to a case of retention of the placenta, with flooding, by one of the midwives of the Hospital. The woman had had eleven labours previously, and in the four last suffered each time from hæmorrhage. The midwife stated that the labour had been natural, but somewhat tedious, owing to uterine inertia. She had never had retention of the placenta before. She was quite unconscious when I arrived, but capable of being roused by very strong stimuli. The pulse was very feeble and rapid, and she had been sighing and jactitating much. I gave her two fluidrachms of tincture of opium, and then introduced my hand into the uterus. I found the placenta very adherent, but detached it without much trouble. The uterus contracted well

when I withdrew my hand. I then administered one fluidrachm more of tincture of opium; but although the pulse became firmer and more distinct, and the pupil became contracted, showing that the system was fully under the influence of the drug, she remained in an unconscious state, a sort of heavy sleep, which lasted several hours. On my expressing some surprise at this, the midwife informed me that she had noticed this occurrence after every labour in which the woman had flooded. There was no further hæmorrhage, and she recovered well.

CASE VII.

I was sent for on the 23rd of June, 1843, to a case of flooding after labour, with retention of the placenta. The labour had been natural, and the child was born in rather more than two hours after its commencement. Owing to some delay, arising from circumstances which it is unnecessary to particularize, I did not see the woman till three hours and a quarter after the birth of the child. There had been copious hæmorrhage; the woman was very low and faint, and a good deal of jactitation existed; but the pulse was slower than it often is in such cases, and feeble. On examining the uterus through the abdominal parietes it seemed very firmly contracted on the placenta, as though it were in a state of spasmodic rigidity. I gave one fluidrachm and a half of tincture of opium before introducing my hand, the woman expressing herself much revived by it. I then passed my hand, and had considerable trouble in removing the after-birth, partly owing to its firm adhesion to the uterine walls, and partly owing to the uterine spasm that existed. After I had withdrawn it I gave another dose (one fluidrachm) of laudanum, which the woman again said felt very reviving. There was no further hæmorrhage, and at the end of the week she was well enough to dispense with my attendance. She suffered for a few days from pulsating pain in the head, which was removed by small doses of laudanum, as in the previous cases.

CASE VIII.

On the 7th of March, 1842, I was sent for by a midwife to Mrs. D——. The midwife gave me the following history of the case. The patient had some flooding on the 5th, but it was not abundant, and again during the progress of the labour, which was in other respects natural, and lasted eight hours, the placenta being expelled spontaneously soon after the birth of the child. Very copious flooding occurred after the expulsion of the after-birth, and the woman was soon in a very bad state, being pallid, faint, and extremely restless. The midwife applied cold and friction above the pubis, and the hæmorrhage ceased. The patient, however, remained in such an exhausted state that I was sent for. She exhibited all the usual symptoms of excessive loss of blood, and without entering into detail, I may say that I have seldom witnessed a more unpromising case. I remained with her about an hour, during which time I administered three fluidrachms of tincture of opium, in three doses of one drachm each. The woman said that each dose of medicine acted like a cordial, causing her to feel much revived, and all her bad symptoms were much alleviated by it, the pulse especially becoming fuller and firmer. The last dose of tincture of opium was given at two p. m., and she felt inclined to doze comfortably all the

afternoon; vertigo, however, occurring in a slight degree, if she raised her head off the pillow. She did not sleep until evening, when she dropped into a sound sleep, which continued several hours, and which caused her to awake much refreshed. She had not the least pain in the head next day, and improved rapidly. So favourable was the progress of the case that I did not visit her longer than a week.

REPORT OF THE TRIAL OF A MEDICAL PRACTITIONER, ON A CHARGE OF INTENT TO PROCURE ABORTION.

By THOMAS SHAPTER, M.D., Physician to the
Dipsentry, Exeter.

(Concluded from p. 21.)

By the term abortion is to be understood the expulsion of the fœtus at any period within its natural period of foetation; its viability on being so aborted, is another question entirely; therefore in examining into the agents that may produce abortion, it will be convenient if any limitations of period are to be indicated, to speak of the early and later periods of pregnancy, the former referring to that period when viability of the fœtus is improbable, and the latter when, on the contrary, the child may be expelled and live. Occasionally this becomes a matter of serious consideration, as in cases of deformity, complications with tumours, &c., where, though it may be necessary to solicit abortion, the doing so should be delayed until the commencement of the latter period.

In order to procure abortion various means have been adopted at different times, all of which may be comprehended under the heads of general and local. Local means, judiciously and scientifically applied, are acknowledged to effect the object, we therefore pass on to the consideration of the general means. Under this head might be placed a vast variety of agents, as repeated bleedings, drastic and hydragogue purges, diuretics, &c., which no one can deny, under certain circumstances, may, by their violent and injudicious application, effect abortion, yet it appears scarcely worth while to devote any space to their consideration; I shall therefore confine such observations as I have to make to the more debatable ground of Savin, Cantharides, and the Ergot of Rye, previously collecting and arranging such well-detailed facts and opinions of acknowledged value, as a hasty search will permit.

SAVIN is usually administered in the form of powder, infusion, or oil. We find cases detailed of its having been taken without producing abortion, of its exhibition being followed by abortion, accompanied with death, and of its causing death without abortion.

Fodéré (*Med. Leg.*, vol. iv., p. 430,) relates the case of a poor imbecile cachectic girl, who, in the seventh month of her pregnancy, took from the hands of her seducer, a glass of wine in which was mixed a large dose of powdered savin. She became so ill that report of it was made to the magistrate, who ordered Fodéré to visit her. The patient stated, that on

taking the drug, she had felt a burning heat, accompanied with hiccup and vomiting: this was followed by a violent fever, which continued for fifteen days. By the proper use of the refrigerants, however, she recovered, and at the end of two months was safely delivered of a healthy child.

Mr. Cockson, of Macclesfield, (*Christison on Poisons*, p. 531,) reports the case of a female who took a strong infusion of savin leaves on two following mornings, which occasioned violent pain in the belly and excessive stranguy; in the afternoon of the following day she miscarried, and four days afterwards died. Mr. Cockson examined the body the next day, and found extensive peritonæal inflammation, unequivocally indicated by the effusion of fibrinous flakes—the uterus presenting all the signs of recent delivery—the inside of the stomach of a red tint, checkered with patches of a florid extravasation, and its contents of a greenish colour, owing evidently to the presence of a vegetable powder, as was proved by separating and examining it with a microscope.

Mohrenheim (*Murray App. Med.* Vol. i. p. 59,) mentions the case of a woman, thirty years of age, who took an infusion of savin to occasion abortion; violent and incessant vomiting was induced; after some days she experienced excruciating pains, which were followed by abortion, dreadful hæmorrhage from the uterus, and death. On examination the gall bladder was found ruptured, the bile effused in the abdomen, and the intestines inflamed.

Dr. Dewees (*Syst. of Med.*, p. 133,) also relates a fatal case of the use of savin as an emmenagogue.

In the case of Miss Burns, (*Beck*, p. 146,) for whose murder Mr. Angus was tried, at Lancaster, in 1808, there is reason to believe from the testimony offered, that savin oil had been administered to effect abortion.

Opinions.—From the above cases it is evident that the statement of savin being a powerful local irritant and poison is correct; with regard to its specific action on the uterus, Dr. Duncan (*Mat. Med.*, p. 456,) says it increases all the secretions, but is apt to excite hæmorrhagy, especially from the uterus; he does not, however, appear to speak of his own knowledge, as he says the oil is *said* to produce abortion.

Dr. Pereira (*Mat. Med.*) says that it operates as a specific excitant and irritant on the kidneys, and yet more obviously on the uterus; that he agrees with the statements of Dr. Home, (*Clinic. Exp.*, p. 119,) and that in his own opinion, it is the most certain and powerful emmenagogue of the *Materia Medica* . . . but, “the popular notion of its tendency to cause abortion, leads on many occasions to the improper use of savin.” . . . and, “it ought to be well known that in those cases in which it may succeed in causing miscarriage, it can only do so at the risk of the woman’s life.”

Dr. Thomson (*Cyc. Med. Art. Em.*) states, that from its proneness to produce uterine hæmorrhage and cause abortion, there is some reason for the opinion that the volatile oil is taken into the circulation, and acts directly upon the uterus, on which it exerts a stimulant influence; and that more than a century ago, its ten-

dency to produce abortion led to its employment as an emmenagogue.

Dr. Christison (*On Poisons*, p. 531,) says, that the oil is very generally believed by the vulgar to possess this property in a peculiar degree; doubts, however, may be entertained whether any such property is possessed by it, independently of its operation as a violent acrid on the bowels; it has certainly been taken to a considerable amount without the intended effect There is no doubt, however, that if given in such quantity as to cause violent purging, abortion may ensue, but unless there is naturally a predisposition to miscarriage, the constitutional injury and intestinal irritation required to induce it are so great as to be always attended with great danger, independent of the uterine disorder.

Taylor (*Med. Jurispr.*, p. 224,) says, none of them (savin and other matters) have any influence on the uterus, except in affecting it indirectly by their irritant action on the system. (p. 593.) Again he says, it has no action as an abortive, except like other irritants by causing a violent shock to the system, under which the uterus expels its contents; such a result can never be obtained without placing in jeopardy the life of the woman, and, where abortion follows, she generally falls a victim. On the other hand the female is often killed without abortion taking place.

CANTHARIDES.—With regard to this irritant very few cases are detailed. Beck and Pereira state generally that cases of abortion have occurred from its use, but the former adds, that very large doses have been taken without producing this effect. Mr. James Lucas (*Mem. Med. Soc., London*. Vol. ii., p. 408,) relates the case of a woman who took a drachm of powdered cantharides, which brought on frequent vomiting, violent spurious pains, a tenesmus, and immoderate diuresis, succeeded by an acute fever, which reduced her to extreme weakness; yet, no signs of miscarriage appeared, and about five months afterwards she was delivered of a healthy child.

Orfila relates (*Gaz. de Santé*, May, 1819,) a fatal case, caused by two doses of twenty-four grains, taken with the interval of a day; the ordinary symptoms of irritation of the bowels and urinary organs ensued, miscarriage then took place, and the patient died on the fourth day, with dilated pupils, and convulsive motions, but with unimpaired sensibility. On examination the brain was found gorged with blood, the omentum, peritonæum, gullet, stomach, intestines, kidneys, ureters, and internal parts of generation were inflamed, and the mouth and tongue stripped of their lining membrane.

Opinions.—Pereira (p. 1370,) says, that in the female the action of cantharides on the sexual system is shown by local heat and irritation, and by occasional occurrence of abortion; again, (p. 1373,) that in consequence of the specific stimulus communicated to the bladder, it has been supposed that the same influence might be extended to the uterus, and thus these insects have been employed as stimulating emmenagogues in some cases with apparent benefit, but frequently without any obvious effect.

Taylor states, (p. 227,) that it is doubtful whether this substance acts directly upon the uterus to procure abortion, in that in another place (p. 592,) he says, distinctly that it, together with other substances, has no influence on the uterus, except in affecting it indirectly by an irritant action on the system.

ERGOT OF RYE.—Dr. Weihe (*British and For. Rev.*, July, 1836,) relates the case of a female, aged 36, of four months' pregnancy, in whom hæmorrhage came on without any disposition to expel the fœtus, but which was effected by the administration of the ergot. Mr. Evans, of St. Neots, (*Med. Gaz.*, April, 1837,) details a very similar case with a like result. Mr. Heane (*Med. Gaz.*, Jan., 1839,) gives a case of a seven months' pregnancy where the ergot excited the uterus to contract and abort. Dr. Paterson (*Med. Gaz.*, Sep., 1838,) details at length the case of a female in whom premature labour was induced by aid of the ergot, and again a second time in the following year (June 1, 1839.) In the former time he exhibited nearly an ounce, in the latter nearly four ounces and a half. He therefore adds, that it affords—1st, a most satisfactory proof that the *Secale cornutum* is of itself sufficient to accomplish the induction of premature labour. 2nd, it proves that a very large quantity may be given without producing the slightest bad effect or inconvenience, either to the mother or child. Dr. Chatard (*New York Med. Rep.*, vol. xxi., p. 16,) records a case of abortion induced at the fourth month of pregnancy by 12 grains of the ergot only.

Dr. Ramsbotham (*Med. Gaz.*, vol. xiv., p. 436,) relates a series of six cases, varying from the seven and a half to the eighth month of pregnancy, in which he administered the ergot with the result of abortion, and that in none of these cases was there the least indication of a previous disposition in the uterus to assume its contractile function. He further says he could recite several similar instances equally demonstrative of the power of the drug, but adds, however, that in some cases it had entirely failed; that in others, from the inefficiency of the pains, he had thought it right to resort to mechanical means. In another place (*Med. Gaz.*, June 15, 1839,) he says, since the publication of the above, he has received communications from many professional friends, notifying its successful exhibition for the same end.

M. Cabaret (*Rev. Med.*) succeeded in exciting the uterus to expel a mole after the catamenia had been arrested for four months. In this case, however, hæmorrhage had set in previous to its exhibition.

On the other hand we find Dr. Cory, obstetrical superintendent to the London Lying-in Institution, saying (*Med. Gaz.*, Oct. 21, 1838,) he has tried Dr. Ramsbotham's formula, but with only partial success. He however recites a case of seven months pregnancy, in which he excited action in the previously dormant uterus, but was ultimately obliged to rupture the membranes. Mr. Joseph Hodgson (*Med. Gaz.*, vol. i. 1840-41, p. 792,) details a not dissimilar case, in which, in a seven months' pregnancy, from the use of the ergot, pains were induced, and the os uteri

relaxed, but where he was ultimately obliged to resort to the rupture of the membranes.

Dr. Condie (*American Journ. Med. Sc.*, vol. x. p. 227,) states that instances have come to his knowledge in which the ergot was employed to the extent of several drachms a day, for the express purpose of inducing abortion, but without exciting the least effect upon the uterus. In all these cases gestation continued for the full period, and the females were delivered of living children. He also says that he has known it given in large and repeated doses by ignorant midwives, where pains simulating those of parturition have occurred towards the termination of utero-gestation, in order to quicken the labour, but so far from doing this, the pains have actually ceased under its use, and labour has not occurred for several weeks subsequently.

Beck (p. 237) states, having met with a case in which a female who had had several children, took of her own accord three drachms of ergot to produce an abortion without any effect.

Four years since a case occurred under my own observation, in which a married female, three months pregnant, took so large a quantity of the ergot as to induce considerable irritation of the stomach, and during more than six weeks afterwards much general nervous tremor, palpitation and anxiety about the heart, but without producing the least uterine action; and, a medical friend informs me, that recently in a case of deformity, he had exhibited the ergot about the seventh month, and when there were really indications of a miscarriage, without producing any satisfactory effect, so that ultimately he was obliged to resort to a rupture of the membranes.

Opinions.—It may well be concluded from the above, that some contrariety of opinion prevails as to the specific efficacy of this medicine in originating action in the uterus and producing abortion.

Pereira (*Mat. Med.*, p. 603,) thinks that most practitioners are now satisfied, that in a large number of cases it has the power of originating the process of accouchement.

Dr. Ramsbotham is of opinion (*Med. Gaz.*, vol. xiv. p. 35,) that it possesses this power from the very commencement of fetation. "Quarè hoc medicamentum opinor, etiam ab initio, partus dolores inducere posse."

Dr. Ashwell (*Guy's Hosp. Rep.* Apr., 1836,) in referring to Dr. Ramsbotham's opinion and cases, though affirming, in a parenthesis, the ergot to be a drug in which he places great confidence, yet leaves us to infer he does not himself employ it as a means of procuring abortion; for in the series of cases detailed by him, his object was chiefly attained by mechanical means—and that such should be the case is not surprising, when we find Dr. Ramsbotham saying in a subsequent place, (*Med. Gaz.*, June 15, 1839,) "though formerly most unwilling to concede it—he can no longer withhold his consent to the doctrine, that this drug, when taken in large quantities, exerts a poisonous influence on the child's body and although the ergot may bring on labour without having recourse to any operation, yet that it does not present a more likely, nor indeed so probable a means of saving the infant,

as the older method of puncturing the membranes." And yet more recently (*Med. Gaz.*, June 9, 1843,) we find Dr. Lee saying, that he has strong objections to the exhibition of this medicine for the purpose of inducing premature labour, without taking into account the uncertainty of its effects.

Dr. Paterson, whom we have already shown to be practically assured of its power of creating uterine action in the later periods of pregnancy, says (*Med. Gaz.*, June 1, 1839,) that, in proportion as the period of natural parturition draws near, *cæteris paribus*, so will the action of the secale be manifested on the system, and that he believes the earlier the period in which premature parturition is attempted, the less will be the likelihood of success. Moreover he states that several well authenticated circumstances have lately come under his notice, which, taken into consideration with numerous experiments made upon the lower animals, go far to prove that this medicine can by no means be regarded as an abortive; though from these experiments and circumstances he is not prepared as yet to draw a line of demarcation as to the exact period when it may be said to act as it were specifically upon the gravid uterus.*

Mr. Wright, the author of the Harveian essay on the physiological action of this drug, after quoting largely those who assert its power of producing abortion, says (*Edin. Med. Journ.*, vol. liii. p. 27,) he has seen many instances in which its administration in the earlier periods of parturiency was not followed by any increased action, and he should certainly infer it has no tendency to induce premature delivery. He believes the experience of most practical men is in favour of its increasing, but not originating, the pains of labour; this he believes to be the rule, but does not doubt its being liable to exception.

Dr. Christison (*On Poisons*, p. 788,) after alluding to its use in exciting the parturient uterus, says, "these facts however are mentioned chiefly as preparatory to the statement, that it has been also supposed to possess the power of producing abortion, and is believed to have been actually employed for that purpose in some foreign countries; accurate information is still wanted on this subject. No other poison seems likely to possess a peculiar property of this kind, nevertheless it is the opinion of the best authorities that spurred rye has no such power, except in connexion with violent constitutional injury produced by dangerous doses; and that it is endowed with the property only of accelerating natural labour, not of inducing it, particularly in the early months of pregnancy."

Mr. Taylor says the ergot has been found in many instances to bring on violent action of the

uterus, at an advanced stage of gestation, and when efforts at parturition had already commenced. There is however considerable difference of opinion respecting its emmenagogue properties, and he quotes Dr. Lee as affirming that it has no effect at least in the early stages of gestation, although given in very large doses. In conclusion, Beck, after quoting cases of abortion following its use, and experiments in confirmation of its powers, says, though doubtless it may possess them, yet, notwithstanding all this, it is a fact that ergot is no more infallible as an abortive than other medical agents.

From a review of the above cases and opinions one is enabled to arrive at a sufficient satisfactory conclusion as to the action of savin and cantharides on the uterus—they may be stated as not capable of exerting any direct or specific effect on this organ, so that if ever abortion follow their administration it must be attributable to the shock imparted, and general injury done, to the constitution. There is, however, more difficulty in stating the exact power of the ergot of rye—doubtless it has a direct and specific action on the already excited uterus, nor is it less certain that it is *occasionally* capable of originating action in this organ during the later periods of pregnancy. During the earlier periods, however, its action, to say the least, is very questionable; the weight of opinion is certainly against its possessing any such power, and the number of recorded failures substantiates the inference, in other words, it appears necessary for the full and effective development of its properties, that pregnancy should be somewhat advanced. I would therefore offer the following as axioms:—

1. That savin and cantharides are not entitled to be classed as specific exciters of uterine action, and that their exhibition, for the purpose of procuring abortion, should never be entertained.

2. That there are no medicines known capable of inducing abortion by their specific action on the uterus, with the exception of the ergot of rye; that this medicine, as regards this property, is uncertain in its effects, and, most probably, exerts an influence only during the later periods of pregnancy.

3. That in a professional and scientific point of view, it is highly injudicious to exhibit the ergot of rye with the intention of procuring abortion.

It will be observed, that in the preceding observations I have avoided making any comments upon the medical evidence. I shall still adhere to this intention, excepting in reference to my own. It may be seen that the above conclusions are, as regards savin and cantharides, completely in conformity with the opinion expressed on the trial; but that there is some difference as regards the ergot of rye. I then stated this medicine was not to be considered as possessing the property of inducing abortion, whereas, in the course of this paper, sufficient, respectable, and trustworthy opinion is quoted to the contrary. There is, however, much weight of authority for what was adduced, and it was the recollection of this, backed by my own experience in a case most impressive and striking, to say the least of it, that induced me to conclude, and therefore to state, that the ergot of rye was incapable of originating an aborting power in the uterus. As far as the trial was concerned, this misappreciation of the powers of this drug was of no importance, and it is only here pointed

* "It has been supposed that if the secale be found efficacious in strengthening the uterine contractions in natural parturition at the full period of gestation, it will therefore be effectual in the early months of pregnancy, and thus be had recourse to for the base purpose of procuring criminal abortion. Chapman, Goupil, Pelletier, Planche, Gerardin, Guibert, Lorinser, Waller, and several others, have entertained this opinion; while Stearns, Wescner, Villeneuve, Chatard, Dr. Hull, of St. Alban's, one of the greatest declaimers against the use of the secale in any circumstances, Michell, and last, but not least, Dr. Burns, with a host of other modern writers, might be adduced, who deny its powers as an abortive."

out in a spirit of fairness and good faith. I may, however, be permitted to say, that the medical witnesses for the defence were called upon without any notice, or being in the slightest way advertised that their evidence would be required upon these matters; otherwise the investigation, which I have appended to the above account of the trial, would most probably have preceded instead of following my examination.

NEWCASTLE-ON-TYNE INFIRMARY.

CASE OF CALCULUS VESICÆ.—LITHOTOMY.

Peter France, aged 60, received into the Newcastle-on-Tyne General Infirmary, under Sir John Fife, on the 7th of March, 1844, with calculus vesicæ.

About 13 years ago first observed sand in his urine, which at times he passed in great quantity; a while after this, instead of the sandy deposit, small stones about the size of a split pea were voided, and continued to be so at intervals for upwards of two years, when they ceased altogether. At the expiration of three years or so, he began to have difficulty in making water, and slight pain about the region of the bladder, which became gradually worse, and since that period has been labouring under all the usual symptoms of stone in an aggravated form, so much so that he has never known what a good night's rest was till within a week or so of his reception, when Sir J. Fife ordered him some suppositories, which gave him great relief.

His brother was operated upon for stone about 30 years ago, at the age of 24 years. Both were born in Sheffield, in which place his brother has resided all his life time, but this man left when 16 years of age, and, with the exception of a week or two, has never lived their since.

March 12th. Operation performed. The ordinary grooved staff could not be introduced, in consequence of the great distortion of the urethra from so much enlargement of the prostate gland; Sir J. Fife altered the curve to one much more acute, and then succeeded. After the second incision, Sir J. Fife, opened the urethra, as usual, and moving the scalpel quietly backward and forward to secure it in the groove, pressed it cautiously into the bladder, but dividing only a small part of the prostate, for the urine did not gush out freely till the introduction of the forceps. The stone was readily grasped and extracted.

March 13th, pulse 90, quite easy. 15th, doing well. 25th, convalescent.

STEATOMATOUS TUMOUR OF THE NECK.—REMOVAL BY OPERATION.

Thomas Clark, aged 60, labourer, admitted March 7, 1844, under Sir John Fife, with a large steatomatous tumour, oval in shape, extending from the right mastoid process below the clavicle, and laterally from the median line as far back as one inch from the spine. Five years ago he received a severe sprain in the neck in consequence of carrying a heavy load up a ladder on his shoulder; a few days afterwards he noticed a small painful tumour, the size of a pigeon's egg, beneath the mastoid process, which continued to increase slowly till five months ago, when its growth became more rapid, and increased up to the present time.

March 12th. Operation.

The patient being placed in a reclining posture,

Sir J. Fife made the lower elliptical incision first, extending from above the mastoid process to the clavicle; two inches above this the anterior and upper incision passed, the two meeting at their extremities. The posterior part of the tumour was first separated, its base being gradually dissected from the mastoid process and the sheath of the large vessels; its outer surface was then separated from the inner and posterior part of the mastoid muscle, under which the tumour extended till it occupied the space over the subclavian vein; here it was cautiously dissected and firmly drawn upwards, when the whole mass came away. Seven vessels required ligature, after which three sutures were inserted, and the wound was then drawn together more firmly by "Morrison's" transparent adhesive plaster.

March 16th. The wound was opened out this morning, and the integument appears very much distended; the sutures were divided, and a large coagulum rolled out of the wound. Apply turpentine ointment to the wound, and a poultice over it. Two compound colocyth pills every other night.

17th. Wound looking healthy.

25th. Almost cicatrized.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 17, 1844.

The importance of accurate and precise processes, for detecting the presence of poisonous matters in the tissues and fluids of the animal body, and in a state of mixture and combination with various substances, is so evident, that it needs no argument to convince medical jurists of the necessity of constantly keeping their attention directed to the improvement of the methods of analysis now in use, and to the devising of new ones. It should moreover be kept in view, that in the practical application of such methods, to the detection of poisoning, whether accidental or criminal, the parties to be convinced of the fact of poisoning are of various degrees of intelligence. The jury before whom the case is investigated, and upon whose verdict the liberty in the first instance, and subsequently the life of a fellow creature, accused or suspected of administering a poisonous substance, depend, is often composed of ignorant and illiterate persons,—ignorant not only of the scientific questions, the value of which they are called upon to estimate, but deficient also in that general knowledge and acuteness which is necessary to enable them readily to arrive at a correct conclusion on any subject whatever. The judge is usually well-informed and trained by education to the detection of fallacies and inconsistencies, both of fact and opinion, but he is rarely instructed in the more abstruse points of science, or at least to the extent necessary to enable him to place the

subject under investigation in its clearest light—while the barrister who is retained for the defence, is for the most part prepared to take advantage of every apparent deficiency in the chain of evidence which his ingenuity can detect, both to embarrass the medical witness and to mislead the jury. It is an object therefore that the methods of analysis should be not only accurate and precise, but simple,—readily understood,—such as shall come within the comprehension of the unscientific and uninformed jurymen, and be incapable of misinterpretation or mystification by the advocate.

The cases however which require a medical investigation to determine the fact of poison having been administered, or taken, are liable to occur in all parts of the country—in remote and thinly peopled country districts, as well as in large and populous cities and towns. They may occur also to the medical practitioner, whose attention has long been drawn away from the study of chemical and medico-legal inquiries to other more pressing avocations, and when he is alike unable to devote much time, or to exercise more than an average amount of practical skill, in the determination of the questions on which he is called upon and expected to give a correct and trustworthy opinion. The processes therefore by which we are to endeavour to detect the presence of poisonous substances in mixed or compound animal matters, fluids, and tissues, should be not only accurate and precise, and easy of comprehension, but also, where practicable, and as far as practicable, of ready execution, and within the limits both of the time and skill which any sufficiently instructed medical practitioner may have it in his power to give to the investigation.

Now we are quite aware that these requisites are not all in every instance attainable, and also that a process or method of analysis which is merely facile in execution, is never to be preferred to one which may be more readily comprehended by a jury, and is less liable to be called in question by the judge. Still a perfect and every way satisfactory analytical process ought to embrace each of the leading principles we have laid down, for it is of comparatively little use, at least under existing arrangements for conducting medico-legal inquiries, that we have a method of extreme precision and correctness, if its refinement be such, that none but the most gifted are enabled to comprehend its merits and estimate its value, and none but the most accomplished and practised experimentalists are capable of performing the several processes of which it consists.

The preceding observations have been suggested to us by an excellent paper on Arsenic as a Poison, by Dr. Shearman, of Rotherham, read before the Sheffield Medical Society, and published in our

number for the 3d of April. As far as the convincing of a jury is concerned, the propositions laid down by Dr. Shearman seem to be unexceptionable. The questions are suggested—"How can a witness swear most positively that a substance is arsenic, and nothing else? And how can he convince an unscientific jury of that fact?" It is obvious that these questions include two, and the two most important, of the requirements which we have laid down as necessary,—accuracy and precision in the process of analysis, and capability of comprehension by the previously uninstructed. The answers which are subsequently given to the above questions are, as far as arsenic is concerned, perfectly satisfactory, and *mutatis mutandis* may be adopted in principle in the case of any other metallic poison. They are:—

1st. *By producing the metal and showing its crystals.*

2nd. *Reducing it to the oxide, and showing its crystals.*

3rd. *From these crystals going through all the fluid tests.*

4th. *Reducing the sulphuret again to its metallic state, then to the oxide, and again going through the fluid tests.*

And 5th, we may agree with Dr. Shearman in his conclusion that, "if this be shown clearly, with all the before-mentioned tests, it will be impossible for any advocate to mislead a jury."

Unfortunately, however, the perusal of the paper, of which the passages quoted form a part, but too clearly proves that not only a considerable knowledge of chemistry and metallurgy is necessary to enable the medical witness to speak with authority on this subject, and indeed to understand the principles of the various processes which he performs, but also some nicety and practical tact in the management of them. If these difficulties exist with respect to arsenic, the methods of detecting which are comparatively well known, it will be found, we fear, that other and still more serious impediments of a similar character will have to be overcome where poisonous agents, less familiar to the majority of those called upon to give evidence, are concerned. The remedy for these difficulties is, either a simplification of the methods of analysis; a more intimate acquaintance on the part of every medical practitioner with theoretical and experimental chemistry, and the requirements of legal medicine; or the appointment of certain district officers, whose qualifications for the duties required of them shall be ascertained, and to whom all such questions may be submitted.

The simplification of the analysis is the most desirable, and should under any circumstances be aimed at; but in the present state of our knowledge is scarcely to be attained. The increase in the

requirements from the medical practitioner, and the necessary demands on his time, in the midst of the more active and more useful pursuits of his profession, to keep up such an acquaintance with the subject, and such skill in manipulation as shall be available for the purpose, when the extent and importance of the subjects at all times pressing for his attention are considered, can hardly be deemed advisable. Our third suggestion, therefore, that of the appointment of district officers, expressly qualified for the undertaking of these difficult and important investigations, seems to be the only one calculated to meet the emergency, and to place this department of combined medical and judicial inquiry on an efficient and practically useful footing. We trust, that among the new arrangements to be introduced for the regulation of the medical profession, the method of conducting medico-legal enquiries in the Coroner's courts, and before the ordinary judicial authorities, will early engage the attention of the General Medical Board, or of those to be placed at the head of medical affairs.

Lectures on the Theory and Practice of Midwifery, delivered in the Theatre of St. George's Hospital.
By ROBERT LEE, M.D., F.R.S., Fellow of the Royal College of Physicians, &c., &c. Illustrated with numerous Wood Engravings. London, 1844, pp., 559.

The work before us consists of the lectures on Midwifery, delivered by the author to the students of St. George's Hospital, and reported in the *London Medical Gazette* during the last two years. They are now "revised and reprinted, in accordance with a desire strongly expressed by many Students and Practitioners to possess them in a separate form."

These lectures embrace, as might be expected, a full course of instruction on all the points connected with the anatomy, physiology, and diseases of the uterine system of pregnant women, both before and after childbirth. We have not space, nor is it necessary to follow Dr. Lee minutely through the various branches of his subject, although we have marked many passages which would form interesting extracts. Dr. Lee's character is a sufficient guarantee for the soundness of the doctrines which he inculcates. We shall therefore confine our remarks to two subjects, our knowledge of which has been materially extended by Dr. Lee's researches;—we mean the nerves of the gravid uterus, and the pathology of puerperal fever.

The nerves of the gravid uterus had received very little attention before the time of Dr. William Hunter. The older anatomists gave very vague and imperfect accounts of the uterine nerves in the unimpregnated state, but took no notice of their enlargement during pregnancy. Dr. William Hunter's description of them is anything but minute; he appears to have dissected them only once, and has given no representation of them in his engravings. Mr. John Hunter says twice in his works, that the uterine nerves do not enlarge during pregnancy. Sir Astley Cooper maintained

that it was impossible for the nerves of the uterus, or indeed the nerves of any other organ, to increase under any circumstances. Tiedemann, Lbstein, Osiander, and other German authors were quite barren on the subject.

Matters being in this state, Dr. Lee, in April, 1838, whilst dissecting a gravid uterus of seven months, all the veins of which were injected, "accidentally observed what appeared to be the trunk of a large nerve proceeding upwards from the cervix to the body of the uterus along with the right uterine vein, and sending off branches in its course to the posterior surface of the uterus, some of which accompanied the ramifications of the veins, whilst others were inserted into the peritoneum; this broad band, resembling a plexus of nerves, extended across the posterior surface of the uterus, and covered the nerve midway between the cervix and the fundus. On the left side the same appearances were seen, and several branches of the nerves accompanying the uterine vein were distinctly continuous, with branches of the great plexus covering the body of the uterus. As all the blood vessels and nerves had been cut away close to the neck of the uterus, it was impossible to trace these nerves on the body of the uterus back to the hypogastric and sacral nerves, and demonstrate their continuity with these; but I had no doubt they were the uterine nerves enlarged by pregnancy. I first showed them to Mr. H. C. Johnson, who had likewise no doubt they were ganglionic plexuses of nerves, although they had not been represented in Professor Tiedemann's plates. The preparation was placed in the Museum of this Hospital, on the 1st of October, 1838. Several eminent anatomists to whom I showed the preparation thought that I had been misled by appearances, and that they were absorbent vessels accompanying the veins and tendinous fibres spread across the posterior surface of the uterus." p. 101.

Having made fresh dissections, Dr. Lee communicated his discoveries to the Royal Society, in December, 1838. This paper was "referred by the committee of physiology to Professor Owen and Mr. Kiernan, and these distinguished anatomists decided, from an examination with the microscope of small portions of the plexuses under the peritoneum, which had long been immersed in rectified spirit, that they were bands of elastic tissues, and not plexuses of nerves. The evidence furnished by the actual continuity of the plexuses with the great sympathetic was considered of no weight compared with the microscopic appearances." p. 105.

In consequence of this reliance on that treacherous instrument, the microscope, Dr. Lee's paper was withdrawn from the Royal Society, and as he satirically observes, "many great anatomists hailed the result as the end of the nerves of the uterus." Subsequent dissections of the gravid uterus, however, furnished Dr. Lee with fresh evidence, and he has since communicated two other papers to the Royal Society, in which he has clearly demonstrated that in the pregnant uterus there are many large ganglia formed on the uterine nerves, and on those of the vagina and bladder, which increase proportionably with the blood vessels and the muscular substance of the womb, and which return after parturition to their original condition. Dr. Lee supposes that these nervous structures bear to the uterus the same proportion, as respects their bulk, as the optic nerve and retina do to the eye. As Dr. Lee's views have met with much opposition, and his discovery has been treated as an anatomical mistake, we were glad to find recently in the pages of the *Medical Gazette* that several of the most distin-

guished anatomists and surgeons, including Sir Benjamin Brodie, Mr. Lawrence, Mr. Stanley, and Mr. Gulliver, have declared their belief in the reality of the structures which he has described. "I cannot doubt," says Mr. Guthrie to our author, "but that the structures which you have shown by dissection, are really nerves and nervous ganglia, because their fibres are clearly shown to be continuous with the sympathetic, and with the sacral nerves, and because I do not believe that any ingenuity in the art of dissection could shew such a regular continuity between the nerves and fibres of elastic tissue, or that this tissue could be made to imitate the nerves and nervous ganglia displayed in your preparations."*

We must now advert to the subject of puerperal fever; and we most cheerfully ascribe to Dr. Lee the merit of having added largely to our information on the morbid anatomy of this most fatal disease. But at the same time we must candidly express our dissent from many of the opinions which he holds on its nature and pathology, and which we find forcibly enunciated in these lectures.

We need scarcely inform our readers that the idea of the nature of this disease which is now generally entertained, especially since the publication of Dr. Ferguson's masterly monograph, is, that it is not a mere local inflammation like a pleurisy, but that it depends on a contamination of the blood at large by some poison; consequently that it is a fever—a general disease, not a local disease. This poison, it is believed, may be introduced into the system in various ways. It may be derived from the vapours floating in the air of a crowded hospital; or it may be communicated by the hand of the accoucheur, who, unsuspecting of mischief, has come from dressing a case of erysipelas, or from a post-mortem examination; or it may be imbibed from putrid coagula, or retained placenta; or from unhealthy decomposing secretions from the raw inner surface of the womb; or lastly, injury to the uterine veins may excite phlebitis, and the poisonous secretions from the inflamed veins may mingle with the blood. The contamination of the blood is of course attended with local lesions, as it is in all cases; and these will most frequently be found in the organs with which the poison is brought primarily into contact—namely, the uterus, and the adjoining serous membrane, the peritoneum; but the distant organs, the chest and head may also participate in the mischief, and in the worst forms of the disease, no part whatever may be spared. Whatever may be the local lesions, the blood-poisoning is the essential part of the disease—that which stamps on it its main features. Both the earliest symptoms and the effects of remedies shew that there is something more than a mere local inflammation to deal with. We will not detain our readers with the proofs of these positions; we will merely refer to the fact that many diseases which bear the closest analogy to puerperal fever, are notoriously caused by a poisoning of the blood—witness the effects of dissection wounds, the viper bite, and the experiments of Gaspard and Craveilhier on the injection of putrid matters into the veins.

But Dr. Lee's theory of the nature of puerperal fever is directly the reverse of this. He will not even

give it the name of *puerperal fever*, but styles it *uterine inflammation in puerperal women*. He affirms that the "constitutional symptoms invariably derive their origin from a local cause." He "considers the several febrile disorders ensuing on parturition as essentially dependent on inflammation of the womb and its appendages," and ascribes the diversities in the characters of the fever to differences in the structures affected, whether "the serous, muscular, or venous tissue."

Dr. Lee describes four principal modifications of "inflammation of the uterus and its appendages in puerperal women." "*First*—inflammation of the peritoneal covering of the uterus, and of the general peritoneal sac. *Secondly*—inflammation of the uterine appendages, the ovaria, Fallopian tubes, and broad ligaments. *Thirdly*—inflammation of the muscular coat of the uterus. *Fourthly*—inflammation and suppuration of the veins and absorbent vessels of the uterus."

These varieties of uterine inflammation, he continues, may occur wholly independent of each other, but more frequently are met with in combination, so as more or less to mask and obscure each other's symptoms. Under the head of peritoneal inflammation, he describes that form of the disease which is attended with sthenic symptoms and active inflammation, and bears depletion well. Between the symptoms of those varieties which are made to depend on inflammation of the muscular tissue of the uterus and its veins, we find no distinction made, and an acknowledgment that the diagnosis is in most cases impossible till after death; these correspond with the *low* form of the fever. He says, as his reason for basing his classification on the local effects, that they alone are constant, and that nothing else is in the history of the disease; and that in all the numerous cases which he has himself examined, he found "some morbid change, decidedly the effect of inflammation, either in the peritoneal coat of the uterus, or of its appendages, in the muscular tissue, the lining membrane, or in the veins or absorbents of the organ, which accounted in a most complete and satisfactory manner for all the constitutional disturbance which had taken place during life."

Now if this be true, we would ask how Dr. Lee would explain the symptoms and post mortem appearances of a case described at the Birmingham Pathological Society by Mr. Elkington (see *Provincial Medical Journal* for March 9th), in which the chest and liver were inflamed, but not the uterus? Was this puerperal fever? but if so, where was the uterine inflammation?

How does Dr. Lee account for the fact that out of 222 cases recorded by Tonnelle, there was no peritonitis in twenty-nine cases, no affection of the uterus in twenty-five?

If, as Dr. Lee asserts, puerperal fever is nothing more than uterine inflammation, in puerperal women, it ought to bear some analogy with inflammations of other important or vital organs, occurring under somewhat similar circumstances; it ought to be comparable, for example, with "abdominal inflammation in persons who have been operated upon for strangulated hernia," or for stone; or with "thoracic inflammation in persons who have broken ribs."

Now what other pure local inflammation ever presented a set of symptoms and morbid appearances

analogous to the following, which we quote from Dr. Lee's table:—"A woman, the third day after delivery, complains of great uterine pain increased by pressure; dyspnoea, and pain in the left side of the thorax; she died in five days." On examination there were found the "pleura and substance of lungs on right side inflamed; the left inferior lobe coated with lymph; two quarts of serum in the peritoneal sac; small intestines covered with lymph; uterus imbedded in lymph; uterine appendages inflamed; uterine veins healthy." What was the disease here? If *uterine inflammation* whence the pleurisy? or how is it that pleurisy is met with in about one sixth of the whole number of cases of puerperal fever?

If, as in rheumatism, and as in this fever, various parts are simultaneously affected, how can the disease be called local?

But if Dr. Lee replies that the distant effects are secondary, and to be attributed to phlebitis, how is it that in a certain number of cases neither veins nor absorbents are affected? or, if low fever, and pleurisy, and diffused abscesses, are admitted to arise from poisonous secretions poured into the blood by inflamed veins, why deny that they may be produced by the absorption of other poisonous matters, from other sources when the veins cannot be found diseased?

But it may be said, perhaps, that this "uterine inflammation, in puerperal women," is not a *common* inflammation, attended with common symptoms, but that it partakes of an *erysipelatous* nature. Now Dr. Lee touches on this point, but so vaguely and indeterminately, that it appears as if his own mind were not made up on the subject. However, if he does grant that it is an *erysipelatous* inflammation, he abandons his whole question; for an *erysipelas* may readily be proved not to be a mere local inflammation, but a constitutional disease; a fever with local symptoms.

Closely connected with this is the subject of *contagion*, on which Dr. Lee's opinions show an equal want of decision and clearness, as if he were struggling between truth and error. He says that, "the disease has generally arisen like inflammation of the bowels and lungs, and other viscera, without any assignable cause." But yet he acknowledges, "that the facts he has observed have led him to adopt the opinion that the disease is sometimes communicable by contagion, and sometimes has a connection with *erysipelas*"—although on the contrary he adds that this evidence "has not been of so decisive a character as to dispel every doubt of its *contagious* or *non-contagious* nature, and to prove that it is a specific inflammation."

Now, if he grants the contagiousness of the disease under any circumstances, he again completely overthrows his own arguments. For a fever to be contagious, something must be communicable; that this something does not produce a mere local disease alone, all experience shows.

A practitioner goes from a post-mortem examination to attend a midwifery case. The female dies of puerperal fever. Her infant dies of *erysipelas*. Her nurse has fever with sore throat or *erysipelas*. The surgeon, who examines her body, pricks his finger, and is seized in twenty-four hours with shiverings, and an *erysipelatous* inflammation of the parietes of the chest. Are these local inflammations?

A man loses his leg in St. George's Hospital; he has *erysipelas* of the stump, lingers yellow and hectic for some days, and after death an abscess is found in his liver. The patient in the next bed has shiverings and sickness, and some hours afterwards *erysipelas* of the head appears. Are these cases of local inflammation? If so, why do such symptoms occur more frequently in the hospital than out of it? Or, supposing that these cases are attributed to phlebitis, the ground is only shifted, without improving the argument. For it might be asked what is the most frequent cause of phlebitis? is it not as often a secondary affection as a primary? is it not notoriously caused by animal poisons introduced into the blood?

But we need not pursue the argument farther. The readers of the *Provincial Medical Journal* have already been provided by Mr. Storrs and Mr. Fisher with an overwhelming mass of evidence, which shows that this scourge of the lying-in chamber is something more than uterine inflammation.

We must now take our leave of Dr. Lee's work. We have freely, and, as we believe, successfully opposed his sentiments on one particular point, in which we think he deviates widely from sound pathology. We hope we have done so as fellow labourers in a good cause; not less courteously, and amicably, than candidly. In the second edition of these lectures, which we expect ere long, we should be delighted to find him no longer adhering to opinions, which are not consistent with the Author's character as a sound and zealous pathologist.

SYDENHAM SOCIETY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

"A Constant Reader and General Practitioner," who writes in your Journal of the 3rd instant, declares the Sydenham Society to be a failure, because it has not, in its very cradle, followed the useful plan proposed in your correspondent's letter, but is about to publish a Latin book.

Now, Sir, if we are to have the works of Sydenham, and I know not of any better wherewithal to begin the labours of the Society, let us have them, at all events, in the language in which they were written. The amount of classic learning which is circulating among us cannot afford that we should sacrifice the scholarship of our father of modern physic even to the great goddess of the nineteenth century—utility.

I am, Sir, with much respect,

Your obedient servant,

A MEMBER OF "THE SYDENHAM."

April 4, 1844.

TO CORRESPONDENTS.

Communications have been received from Senex—
—Mr. C. J. Hawkins—Mr. Wardleworth—Dr. Wallis—Mr. M. Hall—Dr. Toogood—Dr. Watmough.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE THERAPEUTIC POWERS OF THE IODIDE OF POTASSIUM.

By W. S. OKE, M.D., Southampton.

There is perhaps no period in the history of our profession, in which so many important additions have been made to the therapeutic department of medicine, as the present century; and of those additions, the discovery of iodine is not the least important.

It is remarkable that, whilst most of the others have been the result of the inductive powers of chemical science, iodine should have been discovered by accident, as was the fact in 1812, by M. Courtois, of Paris.

By the agency of this elementary body and its combinations, it is indisputable that an immense amount of human disease and suffering has been remedied—enough indeed to justify the inference, that what appeared to be discovered by accident, was in reality pointed out by the finger of a gracious Providence for the benefit of mankind.

On the present occasion it is my intention to state my own experience of the curative efficacy of one of the preparations of iodine, viz., of the iodide of potassium.

I am conscious that much—very much—has been already written on behalf of this extraordinary medicine, by various able writers of our own and other countries; yet, notwithstanding, I consider the testimony about to be offered as too important to be withheld; and, moreover, I hope to adduce evidence of its curative power in other diseases, in the treatment of which it had never been previously employed.

I shall first state those diseases, in which, though it appeared to be indicated, it entirely failed; secondly, those in which it was successfully employed; and thirdly, those in which it had not been before administered, but where it proved to be of essential benefit.

The diseases of the first class consisted of abdominal tumours, scirrhus induration, and ulcerated carcinoma, lupus, indurated glands, and scrophulous ulceration, lesions of the respiratory organs, enlargement of the liver, ascites, and encysted dropsy.

It is no uncommon occurrence in females, towards the termination of the catamenia, to meet with immense sarcomatous and scirrhus tumours of the abdomen, occupying almost the whole of the hypogastric region; and it is quite astonishing how long they often carry them about without much disturbance of the general health. In many of these cases I have used the iodide, both internally and externally, and

also other preparations of iodine, without any apparent benefit.

In two cases of that horrid disease, cancerous ulceration at the side of the root of the tongue, it entirely failed to arrest the fatal progress of the malady.

In a case of lupus or noli me tangere, where the cartilaginous structure of the nose was eaten off home to the bones, it was equally unsuccessful.

In lesions of the lungs, especially where there were ulcerated cavities in the pulmonary tissue, it has never been attended, in my hands at least, with any decided benefit: on the contrary, from its having occasioned diarrhoea, or otherwise excited the system, I have been often obliged to lay it aside.

From my own experience of iodine generally in pulmonary disease, I am of opinion that, in whatever preparation it may be given or applied, it will never triumph over this malady.

In several cases of enlarged liver, in which the increase of bulk was very perceptible, I have given the iodide a long trial, but without its having had any observable effect upon the morbid dimensions.

It has also been reported to be of great use in peritoneal dropsy; but I regret to say that my own experience does not confirm that testimony. I have employed the iodide many times, both in peritoneal and encysted dropsy, without its having in any degree increased the action either of the absorbent or the renal function.

We are not, however, to be surprised at its negative power in the above diseases, as most, if not all of them, consisted of, or resulted from, organic lesion; and we know it to be an allowed fact in pathology, that when any part of the body has passed into organic or structural change, it cannot be medicinally cured.

In scrophula also I have employed this medicine very extensively, both in glandular enlargement, and in its ulcerated stage. The result does not justify me in recommending the iodide as a remedy of any efficacy in this disease. In the case of a female, aged 20, where an immense crowd of indurated glands had for a long time completely disfigured both sides of the neck, I had hoped for some proof of its efficacy, but in spite of its having been steadily taken for several months, no visible diminution was effected. Some years afterwards they gradually yielded to the continued use of the compound iron pill.

The diseases of the second class, in which I have found the iodide of potassium to be attended with

success, are phagedænic ulceration, periosteal disease, and chronic rheumatism.

PHAGEDÆNIC ULCERATION.

CASE I.

J. R., aged 38, by occupation a ferryman, in the spring of 1837, came from a distance of four miles to consult me for sore throat and difficulty of breathing. His respiration was stridulous and laborious, and he appeared as if struggling in the advanced stage of croup. On examining the internal fauces, I found the soft palate and tonsil-glands involved in extensive ulceration, which was also fast destroying the mucous membrane of the larynx, and threatening asphyxia. It appeared that the disease of the throat had existed for some months before it assumed its present alarming character. Almost despairing of any success I ordered the following treatment:—

Iodide of potassium.	$\frac{1}{2}$ drachm
Tincture of orange peel	$\frac{1}{2}$ fluidounce
Syrup of ginger	$\frac{1}{2}$ fluidounce
Water	5 fluidounces

Take half a fluidounce diluted with mint water three times a day, and wash the throat frequently with the following gargle:—

Solution of chloride of calcium . .	$\frac{1}{2}$ fluidounce
Honey of roses	$\frac{1}{2}$ fluidounce
Water	5 fluidounces

I requested to see him again in a few days, if he were well enough to come in; at the same time fearing he could not long survive so much laryngæal mischief. I was however most agreeably surprised to see him at the end of a week, in every respect better than could have been imagined after so short a trial of the iodide. The condition of the throat was very much improved, and his breathing tranquil and free; in short the medicine had, as it were, snatched him from imminent danger, and already placed him in comparative safety. The same treatment was continued for some weeks longer, when his throat was healed; and he left my care convalescent.

After this I lost sight of him till the spring of 1839, when he requested the favour of my going to see him at his own home. I found him in a truly pitiable condition. He was in his bed, which he had kept for eight months, worn out with severe rheumatic pain, exhausted with intestinal hæmorrhage, pale, atrophied, and cachectic. He had been all the winter under the care of a medical gentleman, who had endeavoured in vain to relieve him.

Reflecting on the character of his former symptoms, and inferring that he was under the influence of the same disease, I at once put him under the iodine treatment that had been so successful before, adding to each dose of the iodide a few drops of the tincture of opium. In a few days his pains were relieved, and he began to rally; in three weeks he came down stairs, and in a few weeks afterwards paid me a visit, and represented himself well.

I saw this man on the 5th of March, in the present year, in the enjoyment of *full health*, five years having elapsed since his last attack.

CASE II.

W. P., a young man, a labourer by occupation, consulted me for a disease of the tongue, which had withstood every remedy brought against it for seven

months. The tongue was swollen throughout for about an inch and half from its point. The tumefaction was of a pale red colour, relaxed and flabby, and almost honey-combed with small deep ulcers. It was extremely painful, producing a copious flow of saliva, and preventing all mastication. His general health was low, but without febrile disturbance.

I gave him five grains of the iodide three times a day, with five grains of blue pill every other night. At the end of a week the tongue was less swollen and less painful, and had assumed a healthier appearance. In a fortnight afterwards he had gained considerable ground for the better, the ulcers were healing, he could masticate his food, and his general health was much improved; from this time he convalesced rapidly, and at the expiration of seven weeks he needed no further treatment.

CASE III.

J. B., worker at a foundry, and aged 20, applied for advice on account of a large indolent phagedænic ulcer in the left groin, which had existed for six months, and had been preceded by a sore on the glans penis. The existing ulcer was wide at its upper part, the edges of which were loose, notched, and overlapping, having a livid hue, and no power of cicatrization. Its surface was foul, covered with a layer of yellow lardaceous matter, and discharging a thin bloody ichor, having the sickly smell so peculiar to this kind of phagedæna. As the ulcer descended between the scrotum and thigh it became narrower, and assumed the form of a deep rhagas or cleft, which extended as low as the perinæum. His general health was debilitated, but undisturbed by fever.

Five grains of the iodide of potassium were ordered in solution three times a day, with five grains of blue pill every other night, and as generous a diet as he could afford.

In a fortnight it was manifest that the treatment had begun to take effect; and it was most interesting to observe the improvement of the sore. The overlapping edges were no longer lying loose and unconnected, but were united to the surface beneath, whilst their margins had become less livid, and had commenced the cicatrizing process. Suffice it to state, that by a continuance of this treatment his general health was restored, and the ulcer cicatrized in three months.

Within the last few years I have seen two other phagedænic ulcers of the groin of a similar character, both of which were treated with the iodide, and with the same result in about a similar period. In one of these no blue pill was administered.

PERIOSTEAL DISEASE.

CASE I.

J. C., aged 40, a baker by trade, consulted me for an agonizing pain of a rheumatic character in the right tibia, which was considerably enlarged, and its periosteum thickened along the upper half of its anterior and inner surface. The pain had existed for *eight years*; it attacked him every night as soon as he was warm in bed, and had in a great measure long deprived him of sleep.

He is a married man; and solemnly assures me that he has contracted no syphilitic disease for the last twenty years, when he had a swelling of the groin.

He told me that he had spent in vain almost all he possessed in medical advice, and had been once in a hospital with no better success; that he could bear his sufferings no longer; and, that in the event of my treatment being also unsuccessful, he had decided on submitting to amputation as a last resource.

I at once put him under the use of the iodide, of which he took five grains in solution three times a day, and continued the treatment for six weeks: at the end of a week the pains left him and never returned; the enlargement of the tibia diminished, and he speedily recovered.

CASE II.

A medical gentleman, about 40 years of age, of dark hair and pale complexion, had been for several years tormented with severe aching pains of the limbs from a morbid condition of the periosteum. The disease was seated principally on the lower third of the right femur, where there was considerable nodosity with much tenderness; so severe was the pain, that he was under the necessity of taking large doses of opium every night to procure sleep, and enable him to perform the duties of his profession.

The long continuance of the disease had seriously injured his health, and reduced him to so great a state of debility and emaciation, as to cause alarm for the result, especially as peritoneal dropsy and anasarca of the legs had taken place, and as the urine was found to be albuminous.

Every remedy that could be suggested by his medical brethren, was tried to relieve him—mercury, sarsaparilla, di-sulphate of quinine, the sesqui-oxide of iron, the arsenite of potass in solution, the vinum colchici, &c., had each its fair trial; the veratrine, and also the belladonna, had been rubbed in externally, but all to no purpose: the dropsical symptoms had however been removed by the bi-tartrate of potass.

At this period of the disease, and early in the summer of 1837, I strongly urged him to try the iodide of potassium. Previously to his following my advice, by the persuasion of a professional friend, he took the iodide of iron, but without any marked advantage. He then commenced the hydriodate of potass in five grain doses three times a day.

In about a fortnight he was conscious of having derived decided benefit, which encouraged him to persist regularly in the treatment. The result was his pains gradually left him; the nodosities were absorbed, his sleep returned without the use of opium, his appetite improved, his breath lost the mercurial factor, he gained flesh, and in a few months was convalescent. I had opportunities of seeing this gentleman a long time after this, and his disease had not returned; on the contrary, he appeared to enjoy confirmed health.

CASE III.

James Powell, aged 42, was admitted into the Southampton Dispensary in June 1837. He had a periosteal thickening on the internal surface of the lower third of the right tibia, upon which there was a small ulcer of long standing, and a node, the size of the long half of a lemon, upon the centre of the sternum.

He stated that the disease of the leg had existed since 1835; that it was extremely painful, frequently confining him to his bed for days together; and that the enlargement of the sternum commenced about

a month prior to his admission into the dispensary; that it interrupted his breathing, prevented his lying down, and caused a sense of painful pressure on the chest. His general health was considerably weakened. I at once ordered him the iodide three times a day, in the usual dose of five grains, without any other medicine. In a fortnight his breathing was relieved, the pain of the sternum and leg subsided, and at the end of August, about two months from the time of his admission, the ulcer was healed, the periosteal deposits absorbed, and he was discharged cured.

Powell has since applied to me at lengthening intervals for slight returns of the disease, which a few weeks use of the iodide has never failed to subdue.

CASE IV.

Jane Flower was born in 1828, and her parents report that soon after her birth she had a snuffling and a discharge of thin fluid from the nose, which continued about six months. After this she appeared quite well, and continued to thrive till 1833, five years after her birth, when she became gradually deaf, and, in a short time, having forgotten the words she had learnt, dumb also.

At this period several of the glands of the neck were enlarged, and a swelling appeared on her forehead. The same morbid action showed itself in the nose, and soon extended to the palate. The result was—the exfoliation of the palate processes of the palatine bones, the giving way of the septum narium, and the falling in of the nasal roof. The child drew out the exfoliated palate bones, in September, 1833. At this time the upper and inner surface of the right tibia became diseased, throwing off several portions of dead bone. Ulceration took place in five different parts of the scalp; and from each ulcer lamina of the outer table of the cranium were exfoliated. The superior maxilla also was implicated in the same disease, which occasioned the loss of many of her teeth.

For these afflicting circumstances the poor child was admitted into the Southampton Dispensary, in 1834. Being at this period unacquainted with the efficacy of the iodide, I prescribed the decoction of bark with muriatic acid, and afterwards the bi-chloride of mercury with sarsaparilla, which gradually subdued the disease, and she was discharged apparently cured.

Eight months afterwards, she was re-admitted for the same disease, which had again broken out on several parts of the scalp and tibia. She had lost her appetite and her constitution was cachectic.

She was placed under the same treatment—the bi-chloride and sarsaparilla, which again gradually subdued the disease, and she was discharged apparently well.

After about the same interval she was re-admitted the third time, and I then had an opportunity of placing her under the therapeutic power of the iodide of potassium. It was given in the following form:

Iodide of potassium . . .	18 grains
Syrup of ginger . . .	$\frac{1}{2}$ fluidounce
Peppermint water . . .	$\frac{1}{2}$ fluidounces

Two table spoonfuls three times a day.

After having persisted in this treatment ten days, her health began to improve, and the ulcers to assume a better appearance. From this time her convalescence

progressed rapidly, and at the end of six weeks she was again discharged.

From this period I lost sight of the case for two years, when, being informed that she resided in the neighbourhood, I called on her in order to ascertain if her health were established.

To my great disappointment I found that the disease had returned with great aggravation. The scalp was ulcerated at different places, and presented one mass of filth; there was a large ill-conditioned ulcer on the same part of the head of the tibia; an ulcer on the inner surface of the right upper arm, and another over the right scapula, from most of which there had been exfoliations of bone.

The mother had now given up all expectation of the disease being cured; but at my urgent request she came once more into the dispensary; when she was again put under a course of the iodide of potassium in four grain doses three times a day. Unwilling to prolong the history of this interesting case, suffice it to say that, at the end of three months, this formidable disease—hydra-headed as it had proved—was completely subdued; after having existed, off and on, for ten years. Since then her general appearance has astonishingly improved. She has been sent for instruction to the Deaf and Dumb Institution in London. She is now sixteen years of age, in the enjoyment of good health, without a remaining symptom of the disease—never I hope to return.

CASE V.

A field-officer of the Indian army, aged 56, had been resident in the Madras presidency twenty three years. During this period he had suffered attacks of the jungle-fever and inflammation of the liver, for the cure of which he had been under the necessity of taking scruple doses of calomel every two hours. From these causes, and from constantly superintending the formation of a grand military road, under a scorching sun, his health gave way, which obliged him to go to the Neilgherries and mountainous district of Madras. In 1827 he returned to England, and spent the following six years in touring through the united kingdom for his health, but without benefit. I shall now proceed nearly in his own statement:—

“In 1833, I was attacked with a rash over the scrotum, groins, and lower part of the belly; and a curious sore appeared on the glans penis, which inflamed, spread rapidly, and threatened the destruction of the part. I was attended by two able surgeons, and at the following Christmas was reported well, when I proceeded to London. A few weeks afterwards a fresh sore (not syphilitic) appeared on the cicatrix, which spread rapidly. By the aid of good surgical advice I was in the course of time again set right. In the autumn of 1834 a large abscess formed on the back of my left thigh. It was opened by an incision, which ulcerated extensively, exposing an immense cavity. This occasioned much alarm; but by taking 12 grains of the quinine daily for some weeks my general health improved, the ulceration was checked, and the cavity considerably though not entirely filled up. In May, 1835, I was removed to Hampstead, where I remained many months much under the same circumstances—the sore sometimes healing, sometimes spreading, now allowing me to walk out an hour, then shutting me up

for a week. At this period the disease broke out and suppurated on different parts of my body, for which I drank 12 bottles of De Velno's syrup without any perceptible benefit. At length, in February, 1836, all the sores had nearly healed, and I returned to London, where, from the effects of influenza, my local miseries were renewed and my constitution reduced to great debility and emaciation. In September I went to Cheltenham. There, by a new local mode of treatment my sores were almost healed in seven weeks, but my bodily health was daily failing me, and now, for the first time, I was attacked with pains resembling rheumatism affecting my head, neck, and lower part of the left thigh. The pain was so severe as to deprive me of all sleep. On the 9th of November I went to Bath, where I found no relief. On the contrary, my health more and more declined, and my sufferings became so intense that I was at times in a state of distraction and apprehensive of losing my mind.”

On the 1st of January, 1838, he came to Southampton and placed himself under my care. I found him on his sofa, weak, pale, atrophied, and suffering intense pain in the bones of the head and lower third of the left femur, the periosteum of which was thickened and painful under pressure. On the upper and right side of the os frontis there was an ulcer exposing the bone; and on its upper and left side there were two small nodes. The ulcer on the upper part of the thigh had cicatrized.

As he had no fever I gave him at once five grains of the iodide of potassium thrice a day, desiring him to continue his usual opiate (30 drops of Batley's sedative) every night.

At the end of the first week his sufferings were sensibly relieved; by the end of the third, the pain of the head and thigh was subdued, his appetite improved, and his strength greatly restored. At this juncture unfortunately, from inaction of the liver and kidneys, infiltration into the peritoneal cavity, and cellular tissue of the lower extremities took place, which obliged me to suspend the iodide for other remedies. I did not feel justified in giving him mercury, as his maladies had been attributed to the excessive use of this medicine. On the 25th of January I ordered two drachms of the bi-tartrate of potass every morning, which had the happiest effect in restoring the hepatic and renal functions, and removing the infiltration.

In the latter end of February, as the pain began to return, I ordered him to resume his iodide; but as it disagreed and occasioned an unpleasant bitterness in the throat, I thought fit to suspend it again for a while. The pain, however, continued, and so increased in severity, that on the 6th of March it was resumed in the following form:—

Iodide of potassium	. . . . .	48 grains.
Syrup of ginger	. . . . .	$\frac{1}{2}$ a fluidounce
Tincture of digitalis	. . . . .	1 fluidrachm
Peppermint water	. . . . .	5 $\frac{1}{2}$ fluidounces

Take half a fluidounce in a little water thrice a day.

Under this treatment, steadily observed, he soon became free from pain, improved rapidly in every respect, and in a few weeks could walk out at his pleasure. On the fourteenth of May the iodide was discontinued, and he returned to London in good health and spirits.

(To be continued in our next.)

SOME FURTHER REMARKS ON THE USE OF THE LONGITUDINAL INCISION THROUGH THE SCALP IN DISEASES OF THE BRAIN.

By G. WALLIS, M.D., Senior Physician of the
Bristol Infirmary.

The very just remarks of Dr. Hastings, in the *Provincial Medical Journal* of the 3d of February, on the review of the last volume of the Transactions of the Provincial Medical Association, in the British and Foreign Medical Review, have induced me (as a paper of mine is contained in that volume) rather to aggravate my offence against the delicate feelings of the reviewer, by selecting for publication two other examples, out of a number of successful cases, which have occurred since my paper was read at Exeter. I should not have thought it necessary to say anything more upon the subject, but the supercilious manner in which that paper was mentioned in the review might lead many practitioners, who have not had opportunities of seeing the value of the remedy, to pass it over as not worth trying. The ejaculation of the reviewer at the conclusion of his observations, of—*"but the Lord save us from Dr. Wallis and his issue,"* is childish and effeminate, and such as might be expected from weak-minded persons on the contemplation of any operation in surgery however trivial. As no argument, either practical or theoretical, was advanced by the reviewer against the value of the remedy as a counter-irritant, or that any disadvantage resulted from its application, it is to be presumed that nothing whatever could be brought forward against the incision, either in principle or practice, as an important and valuable remedy.

The originality of this practice is also questioned; a circumstance not worth the waste of one drop of ink. Dr. Prichard read a paper upon this plan of treatment before the British Association, held in Bristol, in 1835. It will be seen however by the dates appended to some of my cases, that many of the most important occurred some years before the production of Dr. Prichard's paper, and I recollect having seen the main principles of this remedy put in practice nearly 40 years ago. I should have the highest pleasure in being taught how to manage circumstances like the following, with equal humanity and tenderness, and with equal success.

Mrs. M—, aged about 40, has a family of six children, had suffered severe pains in her head for five or six months, gradually increasing in intensity, until being unable any longer to use exertion, she kept her bed, and sent for her surgeon, who bled, leeches, blistered, cleared out the alimentary canal, and used every exertion to render the digestive organs healthy, and reduce the excitement in the head; notwithstanding which the pains in her head continued to increase, occasioning screaming and great agony: to this condition succeeded drowsiness and torpor; when my attendance was requested late at night, Feb. 16th. The surgeon who had been in attendance was detained by a case of midwifery, and sent me a request to act without him. I ordered the head to be shaved, and an entire night cap of a blister to be applied immediately. Leeches had been applied in the morning before my attendance, and the skin was pale, and the extremities

rather cold. She was ordered to take 10 grains of calomel every six hours.

Feb. 17th. The night had passed without any material alteration. A monosyllable only could be got to any question asked of her, and that generally accompanied by that deep sigh which characteristically marks the progress of serous effusion of the brain. The iris in both eyes acted equally and regularly. The blister had risen well, and was dressed with strong mercurial ointment. An active aperient was ordered.

18th. Night restless, frequent jactitation of the left arm and leg. Increased torpor. I proposed to make the incision, which was not agreed to by her family. Continued the calomel and saline mixture with antimony.

19th. During the night was convulsed for about ten minutes, since which the right arm and leg have not been much moved. The iris of the right eye rather dilated, and no perceptible movement in it on the sudden admission of light. The left iris considerably more contracted than the right, and sensible to light. On pronouncing an unfavourable opinion, and the obviously near approach of death, her mother and husband requested me to do anything I pleased to endeavour to save life. The incision was made immediately full seven inches long; not more than about one ounce of blood flowed. The patient did not take the slightest notice whatever when the scalp was divided. A thick dossil of lint soaked in spirit of turpentine was placed in the incision, and adhesive straps applied. The remedies were continued.

20th. Had passed a quieter night, no convulsions, less jactitation of the left limbs, and a decided appearance of improvement. The dossil of lint was taken out of the incision, and replaced by another, well soaked in spirit of turpentine; and to keep an active counter-irritation going on, as the excitement of the incision would be lessened after 24 hours, a blister, 16 inches long and 4 inches wide, was applied along the spine from the occiput downwards. The bowels were sufficiently open daily.

21st. Passed a moderately quiet night, decidedly improved, the right iris more susceptible of light. The mouth sore from the calomel; the calomel to be omitted.

The improvement continued gradually going on. As soon as granulations appeared in the incision a double row of peas was introduced, and a very effective issue established for about two months. Vision was very imperfect for some time, from what she called a *mist* before her eyes, and seeing objects double. She states she was not conscious of the incision being made, and does not know how the wound came upon her head. She is at this time (12 months after) in perfect health, attending to her family duties as well as ever she did in her life, and is entirely free from her accustomed head aches.

Mr. O., a gentleman of great respectability in the profession, called upon me to ask if it would be of any service to make the incision through the scalp of a boy, after indications of pressure, from effusion in the brain, had shown themselves. He considered the case as hopeless. I visited Master R— with him, who was about 13 years of age, and had gone through the usual routine of symptoms and treatment of acute hydrocephalus. He lay in a state of torpor, but by shaking him

and speaking loudly into his ear, could be made to take medicine or thin fluid food. The pupil of the right eye was dilated to about double the size of the left, and I could not observe any contractile movement in it when the light was suddenly admitted. The left iris was in its normal state, though perhaps rather more contracted. As the progress of the effusion had been rather slow, and the morning and evening exacerbations of a less active kind than is usual in the very acute forms of the hydrocephalic irritation, and the aspect of the case such, as might be fairly deemed lost, the incision was made, more as a forlorn hope, where no harm could be done or unnecessary pain caused, than from a reasonable expectation of success. On dividing the scalp about seven inches, no notice whatever was taken of it either by movement or voice. On the following day there was an evident appearance of improvement. The dossil of lint was taken out of the incision and replaced by another, and a long blister was then ordered to be applied to the spine, to keep an active counter-irritation going on. No internal remedies were used, except a little alkali and mild aperients to keep the mucous surface free from irritation. The incision was kept open as an issue, with a double row of pees, for about three months. The boy gradually and perfectly recovered.

After the incision has been made 24 hours, it is desirable to remove the straps of adhesive plaster, so as to remove all constriction from the scalp, and lessen the heat. Taking out the dossil of lint from the wound and replacing it by another is also useful, as it favours the early establishment of suppuration, and adds to the continuance of the counter-irritation. If the vascular action and heat continue about the head, leeches ought to be applied, and all the assistant means which a practitioner ought properly to use, to contribute towards allaying the increased vascular action going on in the brain. It has never been pretended that the incision is the sole remedy necessary in all cases; but that it is the most powerful means of any that I have ever seen, when used as I have described. That it should be successful in every case no rational person would expect; but I boldly assert that it will most materially assist in bringing many severe cases of cerebral disease to a successful issue, which are incurable without it. In conclusion I may add, that I have heard many persons express their most grateful thanks for the relief obtained from the incision, but in *no instance* have I ever been blamed for having had recourse to this remedy.

REMOVAL OF A KNIFE - BLADE FROM BETWEEN THE TRACHEA AND RIGHT CAROTID ARTERY.

By R. T. HUNT, Esq., Consulting Surgeon to the Lying-in Hospital, Manchester.

1843. March 23rd. James Knight was wounded in the neck, whilst on the ground, by a man who had knocked him down and fallen with him. The surgeon to whom he applied told him that the wind-pipe was cut open, but after carefully examining the wound, stated that he could find no foreign body in it. When I saw him on the 13th of April, three weeks after the injury, he was suffering from urgent dyspnoea, oppres-

sion and tightness of the chest, and fixed pain of the right side, extending through to the inferior angle of the scapula. His face was flushed, his pulse quick and throbbing, and he could not lie down.

There was a recent cicatrix about an inch above the interclavicular space, which felt much indurated, and my impression at the time was, that the tracheal cartilages had been lacerated, and had united very unequally. I bled him to 12 ounces from a large orifice, and complete syncope followed. When he recovered from the fainting, the breathing was much freer, and he felt relieved. He was treated with mercurials, hyoscyamus, and common aperients, and continued improving, but the fixed pain in the thorax did not entirely subside.

May 1st. He called upon me to inform me that something had made its appearance in the situation of the wound, and upon examination, I found the cicatrix ulcerated, so as to expose a small black angular metallic substance; and, upon endeavouring to remove it with forceps, it was so firmly impacted, that careful dissection was required for its removal. I extracted it in the presence of Knight's father and a police officer.

Length of blade	2 inches 6-10ths.
Width	7-10ths.
Thickness at the back	1-10th.

When I withdrew the blade, its point apparently rested obliquely against the body of one of the cervical vertebrae, and its back was directed backwards and upwards. The bluntness of this point and of the edge of the knife will account for the carotid and other important structures so fortunately having escaped being injured.

I gave him an opiate and enjoined absolute rest and antiphlogistic regimen. He had a slight tickling cough during the next 24 hours, and the expectorated mucus was streaked with blood. The fixed pain in the chest was never felt after the extraction of the blade, and by the 10th of May he was perfectly recovered.

1844. March 23rd. I have to-day heard that he has had no chest affection since the last report.

ON THE GOOD EFFECT OF THE ERGOT OF RYE IN A CASE OF RETENTION OF URINE.

By THOMAS JEFFREYS, M.D., Liverpool.

We ought to feel much indebted to Dr. James J. Ross, of Cambusmore, Sutherlandshire, for having called the attention of the Medical Profession to the use of the Ergot of Rye in retention of urine, caused by a want of muscular power to expel it from the bladder, in paralytic patients; and as an opportunity occurred to me to test its effects the last week of January, I availed myself of it, and am much gratified in having it in my power to add this single instance in support of what he has still further made known. (See *Provincial Medical Journal*, vol. 7, p. 378.)

A gentleman, aged 69, who for nearly half a century had had the chief management of a very extensive mercantile establishment in Liverpool, in connection with one still more so in London, and had discharged the duties of his responsible situation with great punctuality and perseverance, during the whole of the

above period, became the subject of repeated attacks of cerebral disease. His first threatening of cerebral affection was in August, 1838; a second occurred in April, 1841, and a third in June, 1843, since which last date he has been compelled to retire from any business which calls for mental or bodily exertion. Although he has not hitherto lost the power of motion or speech, he has repeatedly fallen down in the street and other places, and afterwards been unable to walk home, rendering it unsafe for him to venture out of his house, without an attendant. His bowels have required constant attention, and often active treatment, under his ordinary medical attendant, Mr. Cheesbrough, and during the month of November last, 1843, he became more or less subject to enuresis. This want of retention was followed by retention of the urine in the bladder—a diametrically opposite state, though not, I conceive, very difficult to account for. On the 16th of January, 1844, I first saw him labouring under a retention of urine, which had required the use of the catheter daily, if not oftener, and which Mr. Cheesbrough had been obliged to have recourse to for most of the last fortnight. In addition, he had been confined to his bed from the effects of bruises, occasioned by a severe fall in the street.

Mr. Cheesbrough has favoured me with the following account of the case:—"January 14, 1844. I was requested to see Mr. —, and found him in great abdominal pain, like colic, and knowing his constipated habit of body, I immediately injected warm water by means of an enema syringe into the rectum, and succeeded in removing an enormous mass of fecal matter. On the following day he had perfect adynamia of the bladder, and I had consequently to introduce the catheter, which I was obliged to use on each succeeding day, until the 24th, when you saw him with me, and proposed his taking the ergot of rye, and which was agreed to, by beginning with only ten grains in powder daily, and increasing the dose to double or treble the quantity if necessary. On the 25th, however, or the following day, he voided his urine freely, and has continued to do so up to the present time, viz., February 8th, one powder only being daily taken. The remarks I would make upon the efficacy of the *secale cornutum*, so far as its remedial powers have been shown to us in this case, must depend upon whether we can be perfectly satisfied as to its agency, in at once acting upon the nerves in immediate connexion with the bladder, in the same manner as we know it does upon the uterus. I think we should be fully warranted in giving a fair trial to this medicine in similar cases to the one before us. We have here had to contend with a paraplegic state of the general system, and there is little doubt but the sudden removal of the *great mass of matter*, which had been pressing upon the bladder, perhaps for months, previous to the use of the ergot of rye, may have caused a loss of tone in that organ, as evidenced by the *sudden removal* of it bringing on the total inability of voiding urine. I will give the *secale* a fair trial, and make a point of acquainting you with the results."

It is always well to be cautious how we accede to opinions in favour of a new remedy. I am willing, therefore, to allow Mr. Cheesbrough full credit for his scepticism, but my impression of its power in this case

is so strong, that I cannot allow myself to doubt that it adds another instance of what Dr. Ross has made known to us. As a further proof, it may be stated that one powder was accidentally omitted, and the urine was not voided as before.

Feb. 19th. I again visited this gentleman, and found that he had taken *eleven* powders, which never failed to relieve him, and that for the last fortnight he has omitted them altogether. He finds now no difficulty in passing his urine naturally as usual.

Liverpool, Feb. 23, 1844.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, APRIL 24, 1844.

It was our intention to offer some remarks on a very important question, in relation to which a letter from Mr. George King, of Bath, will be found in our present number. The subjoined Address, however, which has been forwarded to us for insertion, appears to be at this juncture of such importance, that we feel compelled to postpone our observations on the case of the medical officer of the Wells Union till next week, in order that we may very briefly call attention to the subject to which the Address refers.

Our readers are well aware that we have never advocated the throwing aside of all distinctions in the profession, nor the amalgamation of all classes of its members into one. On the contrary, we have ever considered that the wants of the community have led to the formation, for practical purposes, of the three great bodies into which the profession is now divided. The general practitioner is absolutely essential to the welfare of the public at large, and especially of that portion of the population which is scattered throughout the country districts; while at the same time the call for consulting practitioners, who severally devote their attention on the one hand mainly to the study and management of internal affections, on the other to the treatment of external diseases, and to the acquirement of skill in the performance of capital operations, has been equally felt and responded to in the metropolitan and larger cities and towns.

But, although we have found in existence, and recognize the advantage of the three divisions into which, for purposes of utility, the Medical Profession has become divided, and so far think that the public benefit is consulted by preserving the existing classes of physicians, surgeons, and general practitioners, we have never been able to discover the slightest grounds for splitting each or any one of these classes into farther sub-divisions. It is

here that the charter of the Royal College of Surgeons is mainly and fundamentally faulty. We are quite willing to admit that the new charter is an improvement in many important respects on that which preceded it; but, in extending to a portion of the members of the college the elective franchise, to which, we contend that, under certain limitations, all have an indefeasible right, the creation of grades among a body where all were before on an equality, is a manifest injustice to every member excluded from the superior class.

This is the main error in principle, which, following the bad precedent of the old and worn-out charter of the College of Physicians, deforms the new charter of the College of Surgeons. The elective franchise is an important and inherent right, recognized in almost every institution of the country, and ought to be neither sparingly bestowed nor capriciously withheld. The only restriction to which, under existing circumstances, the exercise of this right should have been subjected, is that arising from length of standing, certainly not those derived from adventitious station or local expediency. Every object would have been attained by confining the elective franchise to those who had been members of the college for five or seven years, and making a still longer standing necessary as a qualification for the Council, while the unwise distinction of the fellowship is a measure which, as regards the existing members of the college, ought never for one moment to have been thought of.

The general practitioner, as we have before said, and the consulting practitioner in either department, are established by long existing usage, and recognized by the wants of the community; but the further distinction of each class into fellows, and licentiates or members who are not fellows, is uncalled for by public convenience, degrading to the so-called subordinates, and highly injurious to the best interests of the whole profession.

This attempt at conferring superior privileges on the few, among those, who, up to the period of giving effect to the charter, were all equal, was a fatal error in principle, which the Council of the College may be assured must be retraced. The next error of a similar character committed, was the mode of selection in the appointments to the superior grade. We would not for one moment question the good faith with which the appointments to the fellowship have hitherto been made. We believe that, with few exceptions indeed, the members of the college selected for the fellowship are well entitled to the honour, but then there are many—very many, of equal eminence, who ought to have been appointed, and yet by the adoption of an erroneous principle of selection, stand excluded. Seniority, and seniority alone, should have been the ground on which the first appointments were

made; and the only remedy which now remains in the power of the Council for the error which they have committed, is at once to adopt that principle to the full; to open wide the gate to the fellowship, to do away with every useless distinction, and to admit at once to full privileges every member of the college whose experience in the profession entitles him to a representative voice in its councils, as his admission to its membership identifies him with its interests. We conclude by recommending the address, to which we have alluded, to the calm and candid consideration of our readers.

AN ADDRESS FROM THE UNDERSIGNED MEMBERS OF
THE ROYAL COLLEGE OF SURGEONS OF ENGLAND
TO THE COUNCIL OF THAT COLLEGE.

GENTLEMEN,

In addressing you, at this vitally important juncture, as the governing body of the college of which we are members, we shall not offer to you either the language of remonstrance or complaint; but we feel it to be a duty which we alike owe to the public, to the crown, to the members of the medical profession, and to ourselves, to remind you of the power which you have authority to exercise under the provisions of the charter which her gracious Majesty granted to our College in the month of September, 1843.

In the *second* section of that royal decree you were empowered to elect, within three months from the date of the sign manual of the Sovereign, not less than two hundred and fifty, nor more than three hundred MEMBERS, who should, from thenceforth, become FELLOWS of our College. In the same section it is also provided that, *after* the expiration of three calendar months, and *within one year* from the date of the Charter, “any other persons whom the Council shall think fit and appoint, shall be FELLOWS of the College.”

We also request your attention to the *fourth* section of the said Charter, which we here present to your notice verbatim:—

“4. That it shall also be lawful for the Council of the said College at any time or times after the expiration of the said three calendar months, and before the expiration of one year from the date hereof, by diploma or diplomas under the seal of the said College, and in such form as the said Council shall think fit, and without any fee, to appoint any other person or persons (being a member or members of the said College) to be a Fellow or Fellows of the said Royal College of Surgeons of England.”

You have already selected, within the period prescribed by law, the three hundred members of our body, and created them FELLOWS of the College.

On the principles which have guided or regulated your choice in this selection we offer no comment; but we consider it to be our duty to remind you that *additional* creations of FELLOWS have not been announced by you, although *four* months have elapsed since the 14th of December last (when the first three months of your power to elect Fellows terminated),

and that there remain but five months of the entire term which the Charter has prescribed for the further exercise of your authority. Hence it has become our imperative duty to remind you of the power with which you are invested by the Crown.

The members of our College amount to upwards of ten thousand in number. For aught we know to the contrary, only three hundred of us have, up to this time, been created fellows by you, under the provisions of the new Charter. This is rather an alarming result of a seven-month's exercise of your creative power.

The *Fellows*, be it remembered, are to be the future *electors* of the Council.

The privilege of *election* is a right which we, the members, have endeavoured to obtain from the legislature during nearly twenty years. Instead of conferring it upon *us*, directly, the Crown has invested *you* with full authority to enfranchise *us*. The Crown rightly judged, perhaps, that *you*, who granted to *us* our diplomas, must be better acquainted with our characters and capabilities than could be any body of unprofessional persons with whom we had never been intimately associated.

The fact, in truth, cannot be concealed that *you* have authority to enfranchise *every member of the College who resides within the limits of this kingdom*. You might even bestow the fellowship on members who live beyond those limits. For the proofs of these allegations we refer to the sections already quoted, in which it is distinctly stated that it shall be lawful for the Council, within twelve months from the date of the Charter (14th September, 1843), to appoint, without fee, "any other person or persons, being a member or members of the said College, to be a Fellow or Fellows of the said Royal College of Surgeons of England."

These words admit not of two interpretations. They possess an obvious, a perfectly unequivocal meaning. The authority to create *thousands* of Fellows from amongst the existing members of the College is by law vested *with you*, the Council.

Thus, the power to enfranchise *us*, to bestow upon *us* the right of electing the future Councillors of the College, *now exists with you*. It will *expire* on the 14th of September next. We think, then, that we are justified in demanding at your hands that it shall be exercised promptly, comprehensively, liberally, justly; and we venture to express an anxious hope that the employment of it, by you, will not be tainted either by prejudices or dishonest partialities.

We refer to this new *Charter*, which has invested you with so much authority, as to a highly important sign in the present crisis of our affairs. We respectfully remind you that as *you* are now empowered by law to bestow upon *us* the right of enfranchisement, so upon *you* will fall the whole weight, responsibility, and disgrace, which would attend an unconstitutional, illiberal, unjust, exercise of the unusual functions with which you have been invested by the Crown.

We have the honour to be,

Gentlemen,

Yours, &c. &c.

EFFECTS OF ANTIMONY ON INFANTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Communications like those of Mr. Druit, on the uncertainty of the effects resulting from the administration of calomel, possess an interest much more considerable, and widely diffused, than do some of a character more scientific and erudite, seeing that they may influence more or less the actual practice of every one, rendering medical men doubly circumspect in the employment of all remedies, the extent of whose operation can hardly ever be rendered matter of certainty prior to experience.

Antimony, like mercury, is one of those medicines, the effects of which are very various, according to the idiosyncrasies of patients, and the state of system at the period of administration. Whilst some persons will take, in disease, a grain of the tartar emetic every two or three hours without the induction of sensible consequences, others, adults too, will sicken and vomit from taking the eighth of a grain. That, under certain circumstances, the preparation of antimony, commonly called tartar emetic, will act as a poison, seems pretty generally to be admitted by writers on toxicology; and this, either by causing irritation and ulceration in the lining membrane of the alimentary canal, or by a suddenly depressing influence exerted upon the heart through the medium of the pneumogastric nerves and medulla oblongata, or by a combination of both these modes. Now, to the production of such results, all authors, so far as I know, state that large doses must be given; and yet, *a priori*, one might suppose, from the uncertain and varying effects of tartar emetic, that it were difficult to fix the *minimum* dose, under all circumstances, capable of acting poisonously.

At a meeting of the Manchester Medical Society about 12 months ago, the late Mr. Goodlad, of this place, stated that he had recently witnessed death, in two or three cases, to take place in young children about a year old, suddenly and unaccountably, as if from a sort of collapse, whilst taking doses of the tartar emetic not unusually large, and he proposed to the members present the question, how far they were in a condition to explain the result, or to confirm its occurrence. None of the gentlemen, at that time assembled, seemed to have had any experience calculated to satisfy Mr. Goodlad's inquiry.

Some months afterwards, on the 17th of last November, I was summoned hastily to visit J. E., a child about 11 months old, and the daughter of most respectable parents. I may state that the child had had from birth uninterruptedly good health, and, moreover, was of an uncommonly robust, healthful habit of body. I believe that, prior to the attack for which my attention was now required, a single dose of castor oil, when a few weeks old, was the only physic she had ever taken. I visited the patient very shortly after the message was left at my residence, and, on arriving, discovered her to be in a very sunken, collapsed state, with a pulse at the wrist hardly perceptible, and a most rapid and laborious respiration. She had, at this time, just been in a warm

bath, and on my noticing to the parents the depressed state of the child, I was told "she was now, however, rallying, the bath had caused great exhaustion." I may here state that weaning had taken place about two or three weeks previous to the events which I now narrate. On prosecuting an inquiry into the previous state of matters, I ascertained that, on the preceding evening, the patient began to vomit, and that, in the progress of the night, purging supervened; that, early in the morning, a dose of castor oil had been given, followed by an aggravation of the diarrhoea, but that, in the middle of the forenoon, she had become better and somewhat lively; this was only for a short period, as the purging continuing violently, the child at length seemed thoroughly exhausted, and also to be in pain, when the mother, becoming alarmed, sent at the same time for the father and myself. I was most particular in my inquiries respecting any possible irregularity in the previous day's diet, but no clue to anything of the kind could be detected; the food, since weaning, had apparently been simple and appropriate. It came out, at length, that on the occurrence of vomiting the preceding evening, a small quantity of antimonial wine had been given. Viewing the case as one of extreme gastro-enteric irritation, threatening speedy death from exhaustion, I directed the child to be kept warm, and to have small quantities of cool barley water, or sago gruel, from time to time, whilst I should leave for a short time, and in the meantime send some medicine, intending to exhibit mucilage of acacia with a few drops of the tincture of henbane. I had barely arrived at home, when I was re-summoned, and on returning found that the child was dead. To a female friend of the afflicted mother, I replied, on being asked "what could have caused so sudden a death, as the baby had been so well so shortly before," that really I could not tell, the child had died like a person poisoned. I uttered these words very much at random, but they brought to my recollection Mr. Goodlad's remarks before mentioned, together with the circumstance that tartar emetic had been given. I questioned the father very closely upon this matter, and he informed me that the infant commencing to vomit, it was thought that an emetic could do no harm, and that they had sent into a neighbouring druggist's shop for as much antimonial wine as would do for a baby, that about a tea spoonful and a half had been received, but that, on the administration, some was spilled—a great deal—that, indeed, very little was really taken, on which statement of matters very small reliance could be placed in the agitated state of the narrator's feelings. A *post mortem* examination was readily granted, in the performance of which I had the assistance of my friend Mr. Crompton, who, residing in the immediate vicinity of the patient, had been sent for on the sudden death taking place.

We discovered obvious traces of muco-gastritis, with but little sensible alteration, in pursuing the track of the alimentary canal, until we gained the lower portion of the ileum, where we found abundant marks of irritation, with considerable elevation of the aggregate and solitary glands and follicles, just approaching ulceration, and resembling in the circumscribed character of the morbid patches, very much what is observed in cases of typhoid fever, where

intestinal irritation has constituted a prominent symptom. The large intestines did not display any material alteration. For several reasons, the head and chest were not examined.

I could not resist the conclusion that, in this case, death had been the consequence of the incautious exhibition of the antimony, seeing that, at the period, when it was given, the mucous membrane of the stomach was already in an irritable condition, an indirect result probably of the change in diet after weaning. The smallness of the dose—a matter of some uncertainty—can hardly, with such a medicine as tartar emetic, be taken as a reason against this view of the matter. In this instance a fatal issue may have been brought about, partly by the irritant, and partly by the sedative effects of the mineral. This, however, I propose for the consideration of your readers.

On mentioning the above particulars to my friend Mr. Walker, of this town, he called to mind a somewhat similar case of sudden death that had, some years ago, happened in his own practice, in the instance of a young child to whom he was giving moderate doses of antimonial wine for some chest affection; and probably the publication of the present case may bring others to the recollection of some by whom this account may be read; at any rate, it will suggest the employment of the greatest possible caution in the administration to young infants of so powerful a medicine as tartar emetic, an object for the attainment of which this paper has been drawn up.

I am, Sir,

Your obedient servant,

DANIEL NOBLE.

Manchester, March 27, 1844.

ON CALOMEL IN PUERPERAL CONVULSIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the 179th number of the *Provincial Medical Journal*, a letter appears on the subject of Calomel in Puerperal Convulsions, by Mr. Druiitt, in which much candour, and, I believe, wrong principles of treatment, are alike apparent. In number 182, a Doncaster practitioner, styling himself "Amicus," writes a letter of condolence, but without at all relieving our uncertainty regarding the case of calomel. I consider this journal offers a fair opportunity for the criticism of medical men connected with it, *solely* for the sake of improvement; I shall not hesitate then, in making some remarks upon the letters on this subject, which have appeared.

"Amicus" commences by stating that the case of Mr. Druiitt's patient "conveys an instructive lesson to the young practitioner in teaching him to avoid indiscriminate and excessive doses of calomel, and he quite agrees in the impropriety of such practice." The young practitioner thus warned, goes on reading, but finds that the dose of calomel in this case "was rather a moderate one, and not at all likely to produce such a result." Now, in the first sentence above quoted, "Amicus" is alluding to the distinct case related by Mr. Druiitt, and is not shielded under that convenient word idiosyncrasy for promulgating any plan of treat-

ment. Hence the instruction which he considers it gives to young practitioners, by his own showing, is none at all; and in proof of this, he goes on to relate a case in which five grains of calomel were even followed by such effects. The only important record here, in this letter, is the fact that, whereas some patients will bear a scruple or more of calomel at a dose, others will not bear five grains. But, I would ask "Amicus," through the medium of this journal, taking entirely from under consideration the treatment of puerperal convulsions, if "*twenty years practice*" has not convinced him, that idiosyncrasy of constitution exists to a far greater extent, and that where five grains may be borne with apparent impunity, one cannot. A case occurred in my own practice two days ago, where profuse salivation was brought on by a young woman spreading some mercurial ointment on a piece of rag not larger than an inch square, for applying to a sore on her husband's leg; and I am sure that many of your readers could state confirmatory opinions. It would make these remarks too tedious were I to explain the opinions I hold regarding even five grains being given for a dose, and which induce me to state, that such might be taken with "*apparent impunity*," thus entirely agreeing with Amicus, "*that were we less officious, smaller doses would be quite as efficacious as the larger ones.*"

I commenced by stating that Mr. Druitt's letter conveyed "candour, and, as I believe, wrong principles of treatment," in the disease under consideration; neither, in attempting to justify this assertion, will I go beyond the case mentioned. The young lady was at the seventh month, and complained of headache and drowsiness for some days. Face puffy and bowels confined. Slight retchings, which brought up small quantities of bile, troubled her during the day, with stomach quite empty of any food. Three hours from the observation of these symptoms the patient was afflicted with violent convulsions, and was immediately subjected to the loss of 50 ounces of blood, and when she could swallow, calomel and jalap were administered, followed by an enema and tartar emetic.

Now, I believe that, either Mr. Druitt has not given all the premonitory symptoms, or that they were overlooked by him; or else why is not the action of the heart described, some allusion made to the movement of the child, or the fact of indigestible food having been taken or not some time previously. But presuming all this had been stated, the abstraction of so large a quantity of blood, at such a period, was, I conceive, uncalled for, and a wrong application of curative agents. That the convulsions did depend on the loss of equilibrium between the arterial and venous blood circulating through the brain, I fully believe, and that to restore this equilibrium was the first indication; at the same time entirely disagreeing in the plan pursued. The treatment in this case, I with deference suggest, should have been local bleeding, cold water dashed upon the head and face; emetics and turpentine enemata afterwards, when the convulsions had subsided, and followed by MILD aperients and soothing remedies. Nature in this case, with its off neglected instruction, pointed out the propriety of emetics by the ineffectual efforts made at vomiting. Not that I would indiscriminately advocate their use,

considering that there are *puerperal* convulsions, dependent therefore on the uterine condition for their predisposing causes. Had this case proceeded so far, that even rupture of the uterus with peritonæal inflammation were present, more vigorous treatment could not have been adopted. I believe, that in many cases the application of leeches or cupping, with the simultaneous use of turpentine enemata, have often subdued the convulsions, and that we are not justified in arriving at the same result, to follow so destructive a plan of treatment to our patient. In the application of remedies lies our surest warrant that we understand the causes of disease, and the practitioner, who, when questioned as to his motives for adopting them, can only refer you to authors and public opinion, is not the safe guardian for the lives of his fellow creatures; and I state this, not for special, but general adoption.

I believe that puerperal convulsions are the immediate result of an abnormal state of circulation in the brain, and not of an excess of blood in the whole system; that this may be, and more generally is brought about, by its sympathy with the uterine organs, or certain conditions of the stomach, and these again most frequently induced by similar sympathy; and that what in a young unmarried female would give rise to epilepsy or hysteria, is, owing to the primary or reflex sympathy of the uterus on the brain, rendered a case of puerperal convulsions; for we must not forget that this name is but descriptive of a symptom at a particular period. If then such a definition of its origin is correct, and the fact admitted that such symptoms result from excessive hæmorrhage and depletory agents in the puerperal condition, surely so Herculean a remedy as the abstraction of 50 ounces of blood is uncalled for. General bleeding as our first remedy is not indicated by a review of the *causes*; neither are we justified in making it our anchor.

I could add much more on this subject, but already I have trespassed too long, in stating my decided objection to Mr. Druitt's treatment. It is a duty we all owe to each other, and to those who employ us, candidly to examine the state of our knowledge, and I trust other letters will appear on this subject, not for the sake of criticism, but for the real benefit of your numerous readers. I am fully aware that I have laid myself open to attacks, and this with the view of becoming better acquainted with the real opinions of the practitioner, instead of relying on the book theories of authors.

I remain, Sir,
B. NORTH ARNOLD, M.D., M.R.C.S., &c.
Atherstone, March 30, 1844.

DISMISSAL OF A UNION MEDICAL OFFICER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

With this I shall send you a document that has just been printed for the House of Commons, respecting the dismissal of Mr. Newman, one of the medical officers of the "Wells Union," by the Poor Law Commissioners, and I think you will agree with me, that it is time some check was put to the growing controuling power that the Poor Law Commissioners seem to have

over the medical profession. I know nothing of Mr. Newman, nor of the homœopathic practice, but I know this, if after a man has spent his money and years in acquiring medical and surgical knowledge, and has been duly authorized to practice by the proper authorities, he is then to be dictated to or dismissed by the Poor Law Commissioners, why the sooner the medical corporations are superseded, and the examination of all candidates for the medical profession transferred to the Somerset House potentates, the better. They might be able to tell us which mode of practice is the recognized one. There is not so much uniformity in the practice of the members of the medical profession as the Royal College of Physicians may suppose; and if the Poor Law Commissioners ever cause inquiry to be made among the medical officers in their unions, they would find that, although they had been taught to practice according to Cullen's system, they had not adhered to it in their practice, but had very naturally availed themselves of the various discoveries and improvements that had been made in the science of medicine, and applied them in the treatment of their patients according to their own judgments. I knew a very eminent medical man, who, when consulted, generally told his patients to read a certain page in his book. This, I expect, the Royal College of Physicians would not call a recognized system of practice; and if some of the medicines made up from the prescriptions of the members of the Royal College were analyzed, however carefully proportioned, they would be found to be quite as innoxious as the homœopathic medicine.

The Poor Law Commissioners in this affair seem to have acted under the advice of the Royal College of Physicians, and very naturally too, as they considered them to be the "highest recognized legally constituted medical body intrusted with the superintendence of the interests of medicine in this country." It is right that they should know, that the Royal College of Physicians of London have no more legal power or influence over the practice of medicine, or the medical practitioners of this country, than the Board of Guardians of the Wells Union. This is one of the reasons for our wishing for medical reform. All that the medical corporate bodies can do is, to exact a certain amount of knowledge from us, and to take our money, grant diplomas and licenses, but they have no power to punish or protect, as we are answerable to and can only be punished by the common law of the land for any malpractices we may be guilty of. If the Royal College of Physicians are intrusted with the superintendence over the interests of medicine in this country, why do they not exercise it in trying to protect her Majesty's loyal subjects in the neighbourhood of Glastonbury from the supposed baneful effects of Mr. Newman's homœopathic practice. It is lamentable to think, that whilst all other learned and scientific bodies are adopting and taking advantage of the many new and useful discoveries, the improvements and discoveries that have been made in the science of medicine, surgery, chemistry, and therapeutics, for the relief and cure of the ills whereto "flesh is heir," the surgeons and medical superintendents of upwards of five hundred unions are not allowed to take advantage of these, and therefore thousands of our suffering fellow creatures, because they are paupers, are to be deprived of the comfort and benefit of such discoveries by the

interference of the Royal College of Surgeons, in consequence of their being new and unrecognized. Yet the hydropathist, homœopathist, hygeist, and quacks of every description, are suffered to practice on the bodies, and with the lives of the public, without being interfered with by any of the medical corporations. I trust that this state of things will not remain much longer. I have no doubt but the medical police of the country will be much altered by Sir James Graham's forthcoming bill—nay, that the medical treatment of the poor is fairly before Parliament and the country. I hope these remarks may induce your readers to call the attention of their representatives to the subject, and to point out to Lord Ashley, the propriety and advantage of having a Medical Referee, or a Medical Commissioner, associated with the Poor Law Commissioners, to whom all cases relating to the Poor Law Medical Officers should be referred. Such an appointment would be, I have no doubt, very satisfactory to all parties.

I am, Sir,

Yours faithfully,

GEORGE KING.

Bath, April 15, 1844.

CHLORIDE OF MAGNESIUM.

The Chloride of Magnesium has lately been recommended as a saline aperient by Dr. Lebert. It is said to produce no injurious effect whatever on the stomach, and if occasionally it gives rise to any unpleasant sensation, it inconveniences less than most other purgatives. It would also seem to favour digestion since its purgative action is followed by an improvement of the appetite. The mean dose as an aperient is 32 grammes for an adult, and half that quantity for a child of from ten to fourteen years of age. *Gaz. Med. de Paris.*

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, April 12th, 1844:—J. C. Barker; B. Eddison; R. Roe; A. C. Morse; A. P. Schuyler; E. C. Hulme; T. Oldacres; H. Fenton; J. B. Bennett; R. Hassall; T. Massey.

Friday, April 19th, 1844.—J. Blomfield; R. B. Thompson; J. Houlton; J. Brown; H. J. M'Dougall; R. Atkinson; W. Hinds; F. H. Harris; T. Watts; W. F. Footitt; W. G. Wotton; A. Major.

TO CORRESPONDENTS.

Communications have been received from Mr. F. W. Johnson, Dr. Cullen, Mr. R. Hey, and Dr. James Thompson.

Mr. S. C. Hassall.—We can pass no opinion on the propriety of the treatment pursued in a case, with the nature and progress of which we are altogether unacquainted.

The Members of the Provincial Medical and Surgical Association will be glad to learn, that a portrait of the lamented Dr. Barlow, of Bath, is in the hands of an eminent engraver.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURE ON VENEREAL DISEASES,

Delivered to the Students of the Queen's Hospital, Birmingham; by LANGSTON PARKER, ESQ., Surgeon to the Hospital, and Professor of Anatomy and Physiology in Queen's College, Birmingham.

(Reported by Mr. Clay, Student of Queen's College, and of the Hospital, for the *Provincial Medical and Surgical Journal*.)

GENTLEMEN,

The presence of a case of primary venereal sore in the urethra, in the hospital, leads me to make some remarks on the nature and treatment of this form of disease, until lately but imperfectly known, but yet one of the most important varieties of primary venereal affection. Cases of syphilitic ulcers in the urethra have been cursorily alluded to by many surgical writers. Hunter mentioned them, but certainly had no clear idea of their true character and effects; they are also noticed by Mr. R. Carmichael in his clinical lectures on venereal diseases. The late Dr. Wallace spoke of some discharges from the urethra of venereal origin, which were only curable by mercury, but it has been left to modern surgical pathologists, amongst whom must be particularly mentioned Monsieur Ricord, to demonstrate that primary venereal sores, precisely resembling in their nature and consequences sores situated externally, may exist in the canal of the urethra itself, at variable points between the meatus urinarius and the bladder.

I will relate to you first the case of Robert M'Knight, and then make some general remarks on chances of the urethra, illustrated by cases from hospital and private practice.

Robert M'Knight, by trade a Scotch hawker, aged 29, contracted from the same connexion sores on the penis and a running from the urethra, seven years ago. The ulcers on the penis were cured, very likely by a mercurial course, as M'Knight has been repeatedly salivated. The treatment which cured the external sores had no effect upon the discharge from the urethra; this continued: it has been repeatedly treated, but never cured. Soon after this scaly blotches appeared on the forehead and other parts of the body, which disap-

peared under medical treatment. Disregarding the discharge from the urethra, which never disappeared, and fancying himself well, our patient now married. His first child died a few months after birth, covered with blotches; a second and a third child shared the same fate, and died under the same circumstances. The wife also had sores and bloody discharge from the vagina, and blotches on the body, the husband still having no affection except the slight running from the urethra, which sometimes attracted his attention, and at others was totally disregarded.

During these periods M'Knight had, at several times, fresh constitutional symptoms, for which he underwent a variety of treatment, but was never free from the running from the urethra. In November, 1843, between six and seven years after M'Knight contracted his primary disease, he came under my care as a patient of the Queen's Hospital. He was then in the following state:—The head and face were covered with foul blotches, which consisted of incrustations or scabs, concealing deep, irregular, and ill-conditioned ulcers; there was superficial redness of the fauces, but no ulceration at this time; he was feeble and emaciated from long continued disease. The skin disease was evidently pustular in its commencement, as one or two fresh formed pustules were on the face: these pustules were situated on an inflamed base, and when they broke and discharged, ran into ulcers, covered with flat or conical crusts—thus constituting a variety of disease to which the term "pustulo-crustaceous" has been applied.

He denied at first having anything the matter with the genitals, but on closer questioning admitted that he had a running so slight as to be hardly worthy of notice. On examination I perceived a sanious oozing from the urethra, very different from that which characterizes chronic gonorrhœa or gleet. About an inch from the meatus, immediately behind the glans penis, existed a circumscribed induration, about the size of a hazel nut: this was painful when pressed between the fingers, and the pressure occasioned some blood and portions of white tenacious sloughs to issue from the urethra. On separating the lips of the meatus urinarius, by means of a small speculum made for the purpose,

the commencement of ulceration, which appeared to extend deep into the urethra, could be perceived.

This case is remarkable under many points of view. In the first place the disease itself (primary venereal sore in the urethra), is not of every day occurrence, although I have seen many instances of it; again, the time which the sore has existed is remarkable. There is no evidence that M'Knight had ever contracted a venereal disease subsequent to his marriage; the evidence of his wife and himself is conclusive upon this point. The sores which M'Knight contracted at the same time he contracted the running were cured previous to his marriage, the running still remaining; some days he perceived none; yet having no other disease than that in the urethra, we observe the wife becoming diseased, and three children dying, with unquestionable venereal affections.

This case is one, then, of primary venereal sore in the urethra, contracted at the same time with external primary sores. The primary sores were healed, but the urethral sore remained uncured, and marrying in this state his offspring all die diseased, and his wife also is affected.

The patient has repeated attacks of constitutional disease in the most alarming forms, which have recurred as often as they have been cured, and this I explain by the sore in the urethra being still open and poisoned, and thus forming as it were a well of poison, which is constantly tainting the system.

It is proved by the history of this case, then, which has been very carefully watched and examined, and the history very correctly taken, that primary venereal sores may exist within the urethra for a long period of time. M. Cullerier has recorded a case of this nature, which had, when presented to his notice, continued upwards of a year, and was then uncured, although the patient has been submitted to repeated treatments.* These sores may be seated in any part of the urethra, and even in some rare cases extend to the bladder itself.†

OF THE SYMPTOMS OF CHANCRE IN THE URETHRA.

These are heat, itching, or irritation in the urethra, occurring after a suspicious connexion, unaccompanied by discharge; pain or tenderness in a particular part of the urethra when it is rolled between the fingers; the presence of a distinct induration at the point where the pain is complained of; pain also increased during micturition, and referred to the same point. Discharge from the urethra occurs at various and at irregular periods after the setting in of the first symptoms already described. It is very different from the discharge

of gonorrhœa; it may be sanious, bloody, or of a sloughy character, and commonly does not flow unless the indurated portion before described be pressed forcibly between the fingers.

A gentleman consulted me for a disease in the urethra, which had existed many months, and which he said consisted at first in a small sore, visible when the lips of the meatus were separated. This part had healed; but it was evident that the ulcer had extended its ravages down the urethra, since, on pressing an induration which existed behind the glans between the fingers, there escaped from the urethra a tenacious slough, precisely resembling that covering an indurated or Hunterian chancre in its first or ulcerating stage.

The only disease for which chancre of the urethra can be mistaken is gonorrhœa. From this it is to be distinguished by the history of the case, the character and quantity of the discharge, the presence of a distinct circumscribed induration in some part of the urethra, most commonly seated in or immediately behind the glans penis. This circumscribed induration must not be mistaken for that general induration of the corpus spongiosum urethræ which accompanies acute gonorrhœa, and results from an effusion of lymph, &c., into the cells of the spongy body. This state in gonorrhœa is generally accompanied by chordee, a symptom absent in chancre of the urethra, I believe always, for I never saw it.

In some rare cases I believe it possible that a primary venereal sore in the urethra and gonorrhœa may be contracted by the same connexion. I will mention a case which seems to bear upon this point. A gentleman, fifty years of age, contracted from a suspicious connexion a discharge from the urethra, which had all the characters of ordinary gonorrhœa; he placed himself under the care of an eminent practitioner, and took for a month the ordinary remedies, such as copaiba and cubebæ: with this treatment the discharge disappeared. At this time a slight ulceration was perceptible round the meatus, which seemed to come from within the urethra. This spread rapidly, soon involving the whole under surface of the glans, and the urethra for an inch and a half, which were entirely destroyed by ulceration and sloughing. I was consulted on this case, which was succeeded by extensive nodes, and a pustular eruption, and what is very remarkable, the nodes were the first constitutional symptoms which occurred, an exception to the law which seems to regulate the appearance of constitutional symptoms generally.

I believe the poisons of gonorrhœa and syphilis to be perfectly distinct, but yet there are cases occasionally presented to our notice where both chancres and gonorrhœa exist at the same time.

It is not uncommon to see patients with external sores and a true gonorrhœal discharge from the urethra at the same time; neither, in the female, is

* *Recherches pratiques sur la Therapeutique de la Syphilis*. Paris, 1836.

† See the account of two fatal cases of this nature, with the state of the parts when examined after death, presented to the Academy of Medicine by M. Ricord, and figured in his *Clinique Iconographique de l'Hôpital des Veneriennes*. Plate 8.

it rare to see true primary venereal sores in the vulva, vagina, or uterus, co-existing with purulent discharge from the os uteri or urethra. In the male, however, more particularly, these two primary forms of disease are not curable by the same remedies. In the case I have just quoted, it appeared that the two forms of primary venereal infection existed simultaneously in the urethra at the commencement, since the symptoms of gonorrhœa disappeared under the use of the ordinary specific remedies; whilst the venereal ulcers continued to spread, and ultimately produced the most serious mutilation. We have no farther proof of the opinion I have hazarded than is to be drawn from the effect of remedies, a fact to which I am disposed to attach very considerable importance.

Chancres in the urethra may be met with as a solitary form of primary venereal infection, or they may co-exist with sores situated externally. The case of M'Knight, already recorded, is a proof of this. It very commonly happens also, that the presence of external sores, and the absence of discharge from the urethra, prevent any examination of the latter. In examining, however, a patient, who applies to you with a primary venereal affection, the canal of the urethra should always be pressed between the fingers, and the lips of the meatus opened. A gentleman contracted several small sores situated on the glans and prepuce; they were free from pain and irritation, and healed quickly under ordinary treatment; the glans, however, became swollen, red, and shining, and yet there was no external symptom to account for it. It at length occurred to me to examine the urethra, and on everting the lips of the meatus a small sore was discovered, upon which the condition of the glans was evidently dependent, since it disappeared as soon as the sore in the urethra healed.

The prognosis of chancres in the urethra is not always favourable; the two cases I have quoted from Ricord show, that by extension to the bladder they may terminate fatally. The prognosis is again unfavourable as regards the integrity of the organs of generation, since, however carefully they may be watched, severe mutilations are occasionally produced. The chief evils I have seen arise from chancres in the urethra have been the following:—

1. Contraction of the orifice of the urethra by the cicatrix of the chancre. I attended a gentleman who had a chancre of the orifice of the urethra, which, in healing, so contracted the meatus orifice, that it would not admit the bulbous extremity of an ordinary silver probe.

2. Contraction of the urethra by the cicatrix of the chancre where the sore has been situated lower down. To this species of stricture the term traumatic has been applied. It does not readily yield to the bougie.

3. Perforations of the urethra. These are variable in extent and situation, but are commonly situated immediately behind the glans. I have said that a

very common seat of chancre of the urethra is the fossa navicularis, and the glans is sometimes scooped out as it were by the spreading of venereal ulceration in this situation. I have seen this passage behind the glans opened for an extent of an inch and a half by the ravages of an urethral chancre.

4. The urethra itself may be completely destroyed to a greater or less extent. Of this also I have seen one example, where the passage was destroyed by ulceration for two inches, and the urethra opened on the under surface of the body of the penis.

I can conceive of nothing more horrible to a young man than mutilation of this character, which, in spite of all our care and attention, will sometimes take place, if the disease assume a phagedenic form, and spread by rapid ulceration or sloughing. They are not however so likely to happen if the disease have been at once diagnosed and properly treated from the commencement.

Constitutional symptoms are just as likely to occur in consequence of primary venereal diseases in the urethra, as when such sores are situated externally.

The question next arises—how are primary venereal sores situated within the urethra to be treated? In these cases it is perhaps easier to say what plan of treatment will not be applicable, than what will. The situation of these sores precludes the adoption of the practice I have recommended to be employed in primary venereal sores situated elsewhere.*

The use of caustics is clearly impossible, unless the sore be situated immediately within the urethra, and even then their application will require great care and attention, and is not generally to be recommended.

From the situation of a primary venereal sore in the urethra, we are prevented employing the local remedies commonly used in the treatment of chancre; and an indiscriminate course of mercury is still more useless and injurious.

We will suppose a patient presents himself to you with a primary venereal sore in the urethra, the existence and nature of which are unequivocal. You may order lotions, injections, ointments, low diet, aperients, mercury, and the usual remedies which are commonly successful in other cases, and at the end of weeks, and even months, you will find your patient worse rather than better. I do not think it possible, certainly not probable, and I speak from considerable experience in this matter, that you will materially benefit your patient, unless you confine him entirely to bed, and the recumbent position. We know how obedient in hospitals the ordinary cases of primary sores are to very simple treatment, where the patient is confined to bed and submitted to a regular and proper regimen. We know also that such confinement, and the application of simple bread and water, will bring speedily into

* *Provincial Medical Journal*, April 1, 1843.

a healthy condition sores which, whilst the patient pursued his ordinary occupation, careful though he might be, were rebellious to the most seemingly judicious treatment.

Rest in bed is the most powerful adjuvant in the treatment of all primary and even constitutional syphilitic diseases. Cullerier says of it; * repose in the bed in the recumbent position, so useful in all forms of syphilis, is absolutely indispensable in many of them. It removes every species of irritation from the parts affected, such more particularly as could be occasioned by the friction of the clothes; and the gravitation of blood. It also throws the patient into a kind of debility, very favourable to the cure of his disease. In such a situation also the diet can be much more easily regulated.

It commonly happens that venereal sores in the urethra will resist all the ordinary means of cure, unless the patient be confined to his bed, and restricted to the simplest possible diet. The treatment then becomes easy, and is very generally successful. Mild opiates and mercurials, with simple astringent injections, will now in almost all cases work a cure; but it is next to impossible to cure these sores as long as the patient goes about and pursues his ordinary occupation, even in a minor degree. I would have nothing to do with the management of a patient with chancre of the urethra unless he laid up entirely, knowing from experience that I could neither benefit him nor myself by attempting to treat him under ordinary circumstances. I have known these sores assume a healthy character in two or three days in patients when confined to bed, which had previously resisted every mode of treatment.

A gentleman connected with the London press contracted venereal sores externally, and one on the urethra, during the last general election. He placed himself under my care, with the reservation that I must not confine him. I undertook the management of his case with great reluctance, and, as I expected, the sore in the urethra got daily more irritable, and disposed to spread, although the other sores had healed. I at length determined to practise upon his fears, and at the next visit I said to him, "Now, Sir, you must either take to your bed, or probably undergo some horrible mutilation; there is no alternative." My manner alarmed him, and he became obedient; and at the end of three days a sore, which had resisted everything, yielded to rest in bed, and the simplest medication. I consider it the greatest kindness to alarm a patient in this state; the more you frighten him the more easily will he be cured. Some writer says, the more seriously the patient and the surgeon look upon the disease the more quickly will it be eradicated.

If, then, a patient with primary venereal sores in the urethra seeks your advice, in the first place

reduce all inflammation by fomentations, poultices, rest, low diet, and unirritating aperients. You may then have recourse to mild astringent injections of nitrate of silver, alum, zinc, or tannin and opium in wine. At the same time a very mild and carefully-watched mercurial course may be employed. Above all, carry, if you can, the patient with you in the treatment of his disease; explain to him its nature and its occasional consequences if neglected, such as mutilations, perforations of the urethra, its extension to the bladder or deep-seated parts, and even its occasional termination by death. If this be done firmly and sensibly, a patient will make any sacrifice to get cured; and under such circumstances you will add to your reputation by convincing your patient that you have a thorough knowledge of the nature and consequences of the malady you are called to treat. In this disease truly may it be said that "forewarned" is indeed "forearmed."

ON THE THERAPEUTIC POWERS OF THE IODIDE OF POTASSIUM.

By W. S. OKE, M.D., Southampton.

(Concluded from p. 42.)

CHRONIC RHEUMATISM.

CASE I.

I. X., a female of middle age, has been subject to severe attacks of rheumatism. In August, 1842, she suffered another attack. It had existed for five weeks, and finding that the symptoms did not yield to the means prescribed, she consulted me on her case. The pain was mostly felt in the right shoulder joint, extending to the cervical vertebræ. The pain was constant and so intense as to deprive her of all rest; and she felt as if "a ton weight" were on her shoulder. The tongue was not much coated, nor the arterial system excited.

I gave her my usual dose of the iodide of potassium, five grains thrice a day in some aromatic water. After the medicine had been taken 24 hours, a peculiar kind of eruption made its appearance on the arms and upper part of the trunk. It came out in papule, which were in some parts distinct, in others confluent; but its principal peculiarity was its bright scarlet colour, which was as vivid as that of a boiled lobster. The itching was extreme. As I had before seen a similar eruption after the employment of the iodide in chronic rheumatism, I attributed the outbreak to the action of the medicine. It was therefore suspended for a few days. Whether the rash through the operation of the remedy was critical, it is not easy to say; but at any rate, as the rash appeared the severity of the rheumatic pain left her; and by resuming the iodide in three grain doses she was speedily cured.

CASE II.

A young man, a labourer, aged 20, had been long afflicted with chronic rheumatism, which had so crippled the motion of his joints that he had not the power of raising either hand to his head. His general

appearance bore sad marks of severe and continued suffering, which had reduced him to a state of great debility and attenuation. There was no febrile disturbance. He was placed under the four-grain dose of the iodide three times a day; and three weeks afterwards, when he came in from the country, the improvement was remarkable, the stiffness of the joints was in a great measure removed, so that he could carry his hands to his head without difficulty; his general health was much ameliorated, and he afterwards gradually convalesced.

I might adduce many more instances of the efficacy of the iodide in rheumatic disease.

I will now say a few words of its use in chronic *gout*. When a paroxysm of gout has either subsided or been subdued by colchicum, it not unfrequently happens that it lingers in the system, sometimes plaguing one joint and sometimes another, not in sufficient force to fever the system, but just enough to confine the gentleman to his arm-chair, or to keep the man of business from his counting-house. Under such circumstances I have found the iodide of the greatest service in clearing the system of the disease for a considerable time. I gave it in the following combination:—

Iodide of potassium 5 grains
Sesqui-carbonate of soda . . . 10 grains
Camphor julep 1½ fluidounce

This dose to be taken thrice daily for a month or six weeks.

The diseases of the third class, in which it had not been before employed, and in which it proved of essential benefit, are certain forms of dyspepsia, apyrexial asthma, and chorea Sancti Viti.

DYSPEPSIA WITH ALARMING ASSOCIATIONS.

CASE.

J. D., a merchant, aged 62, the left side of the face showing paralysis of the portio dura; had been subject to dyspepsia, the principal feature of which was, collection of flatulence in the stomach. Fifteen years ago, during one of these inflations, he felt a sudden "movement" at the anterior and lower part of the chest, which flew to his head, and for a moment deprived him of his senses. These alarming symptoms frequently returned, and as they resisted all medicinal remedies, they were attributed to a stricture of the rectum, which had existed for some time. The stricture was examined and dilated. By this means he was in some degree relieved for twenty months, when the same sudden syncopes came back, and continued to harass him from time to time for several years. At length this recurred so frequently as to deprive him of all consciousness many times in the course of a day. This alarming state of things filled his mind with constant apprehension, and those of his friends with the conviction that he would die in one of the attacks, which were attributed to a disease of the heart.

When I saw him in this state, his countenance had not the appearance of one having organic disease. He had no headache; no pain across the chest or down the arms; his pulse was sometimes irregular, but for the most part equal and normal; and no morbid sound in the action of the heart could be detected by attentive auscultation. He was usually costive. The interruption of the action of the heart, and of the cerebral

functions, was still preceded by the same inflation of the stomach; and he could not venture on any solid food without great hazard of bringing on an attack. Putting all these negative and affirmative points together, I was persuaded that the symptoms were the result of functional causes, and that those causes existed in the extreme susceptibility of the pneumo-gastric nerve. With this view I gave him alternative doses of blue pill, with various tonics; the tris-nitrate of bismuth, the sesqui-oxide and black oxide of iron, oxide of zinc, the nitrate of silver, &c., associated with dilute hydrocyanic acid, henbane, hemlock, &c., together with a variety of external appliances, too numerous to mention. All failed. As he had before obtained benefit from the rectum-bougie, I advised him to have it again used. It was done, and he was benefitted by it for a time. The syncope, however, returned; and I now began to entertain serious fears that the case really was syncope angiosa, caused by valvular disease of the heart.

I now, for the first time, gave him the iodide of potassium in four-grain doses three times a day, combined with ten grains of the sesqui-carbonate of soda. After ten days he called on me and reported that the last medicine had taken a decided effect upon the complaint; that he had lost the flatulencies; that the syncope had not returned; and that, strange to say, he could bear light solid food upon his stomach without hazard!

He continued the medicine for some weeks, and from that time to this—a space of three years—he has been wholly exempt from syncope. I have heard of him this day (March 27th); he enjoys good health, excepting occasional attacks of gout, to which he has lately been liable.

SPASMODIC ASTHMA.

CASE I.

A lady, aged 31, in 1838, began to suffer severe attacks from bronchitis, which frequently interrupted the performance of her duties as governess. The disease retained this form for two years, each attack terminating in muco-purulent expectoration. In 1840 the disease assumed the character of spasmodic asthma, the paroxysms of which sometimes commenced with nasal catarrh, and sometimes with violent flatulency, nausea, and vomiting. The course of each paroxysm occupied about a fortnight, and terminated in expectoration, as did the bronchitis. For the last two years these asthmatic attacks have returned every six weeks, threatening suffocation, and alarming her exceedingly. She anxiously tried all the ordinary remedies for this dreadful malady, and consulted divers opinions, some of which were decidedly adverse to any hope of recovery. Finding no relief from medicine she at once relinquished her connexion on which her income depended, and entered a family at Clifton, in the hope that atmospheric change might effect what medicine had failed to do. She then gained a considerable respite, and went to Ireland, where she became so much worse, that in 1843 she could not lie down for nine months together, and during the violence of the paroxysms was compelled to smoke cigars, till by faintness the spasm was overcome, and the breathing relieved. At the end of 1843 she decided on returning to Southampton. The change again relieved her for a time, but the paroxysms soon returned with equal

severity, and during one of these I was requested to visit her. I found her breathing with great difficulty, her shoulders rising to her ears at every inspiration, wheezing, oppressed with flatulence, and greedily smoking a cigar, to relieve the dyspnoea. As she was worn down, pale and attenuated by the long continuance of disease; as the tongue was not coated, and the arterial system not much accelerated, and more particularly as there was great disturbance of the gastric function, I resolved at once to try the iodide, in the hope that it might at least allay the flatulency, and support the constitution. She took it in four-grain doses, and my hope was not disappointed. The gastric function was speedily improved, the paroxysm subsided, and her general health became so much better, that she said—"I know not what you have given me, but I feel new life." At the end of six weeks, as usual, the asthmatic attack threatened to return, but the symptoms were comparatively nothing, and the cough passed off by expectoration without spasm. She has continued the iodide in the same dose; has been able to attend her pupils from house to house for the last three months, with but slight interruption; and at this time (in the midst of winter) feels better than she has done for the last six years.

CASE II.

As I have not the details of this case, I shall merely give the heads, as they appear in my note book:—

John Lock, labourer, aged 45, of debilitated and cachectic appearance; spasmodic asthma, associated with dyspepsia and rheumatism. Cured by the iodide of potassium.

CHOREA SANCTI VITI.

CASE I.

George Rawlins, a labourer, aged 19, six feet in height, of thin make, fair complexion, and red hair, has had well-marked chorea for five months. To see this tall lanky fellow throwing his limbs about, twisting his body, and grimacing, under the involuntary motions of the disease, was enough to disturb the gravity of most men. He was tolerably well in other respects; he had no headache, nor pain in any part of the spinal column. I began the treatment with decided doses of the sesqui-oxide of iron and mercurial purgatives, which, in the majority of cases, I have found adequate to the cure of the disease in children; but as I did not find him improved in the course of some weeks, it occurred to me that the iodide might be of use to him; I accordingly gave him four grains in solution three times a day, and subsequently five grains. After taking the medicine for a fortnight, he reported himself much benefitted in every respect, and the involuntary motions speedily subsided.

CASE II.

Miss B—, aged thirteen, evinced symptoms of chorea at the beginning of last November. The involuntary motions increased, and in a few days the cerebral functions were so much involved, that she was obliged to keep her bed. She had the look almost of idiocy, and cried out upon her head being moved in the slightest manner: there was, moreover, considerable febrile disturbance. Under these circumstances she was bled from the arm; a blister was applied at the back of the neck, and the chloride of mercury was given every four hours. By this treatment the cerebral

functions were relieved, and she became sensible. The involuntary motions continuing, I gave her the sesqui-oxide of iron, with mercurial aperients; but as the ankle joints, right elbow, and right wrist were very tender and painful, and showed appearances of inflammatory rheumatism, the iron was laid aside, and ten drops of the colchicum wine given instead every four hours. This treatment soon removed the rheumatic symptoms; but the involuntary motions increased. Reflecting on the good effect of the iodide of potassium in the last case, and considering this a fit opportunity for the further trial of the medicine in this disease, I commenced it at once in the following form:—

Iodide of potassium	18 grains.
Compound tincture of cardamoms	3 drachms.
Syrup of ginger	3 drachms.
Colchicum wine	40 minims.
Cinnamon water	5 ounces.

Take a fluidounce three times a day.

The effect on the disease was quite magical, and in a fortnight there was not a trace of chorea remaining.

I see also in my note book that a case of rupia in a young woman, aged 22, was cured by the iodide of potassium, after it had existed 12 months. I did not note down the details.

Remarks.—The above cases, to which I could have added numerous others, exemplify, I trust, the curative efficacy of this medicine in some of the morbid conditions of the human body. Now what is that morbid condition in which it is so successful? The cases enumerated in the second class consist of what Mr. Pearson used to call "Cachexia syphiloidea." He says in his lectures, "I do not thoroughly understand these cases yet. The more I see of them the more the difficulty. It has been long known that sores, deriving their origin from a venereal taint, remain or spread after the disease has been destroyed. It was known to many practitioners of the 16th century, that diseased appearances about the bones of the face, and pains of the membranes and bones, remained after the use of mercury. Without doubt some of these appearances were relapses of the disease; but, as in many cases, the symptoms did not yield to mercury, or recurred repeatedly, and were cured by medicines which contained no mercury, these particular appearances were different from the disease from which they seemed to originate."

It is difficult to trace the above instances to their true causes. The second and third cases of phagedenic ulceration were probably derived from syphilitic causes; the second and fifth cases of periosteal disease from the action of mercury; whilst the first phagedenic case, and the first, third, and fourth cases of periosteal disease, were not traceable to any manifest cause, and therefore may be denominated, what Mr. Pearson described as "Cachexia syphiloidea idiopathica."

The idiopathic cachexia is thus described by that experienced surgeon in his manuscript lectures. "This either arises at such a distance of time from the use of mercury, that its appearance can with no show of probability be ascribed to it as a cause, or where neither sores nor the use of mercury have preceded the cachexia. It generally occurs in habits predisposed to

scrophula, or is consequent to some disease of the constitution." But from whatever cause these symptoms arise, the disease is not the less formidable, nor the remedy less important.

Sir Benjamin Brodie places no reliance upon the iodide of potassium for the cure of true syphilis. In his last lecture at St. George's Hospital, as published in the *Lancet* of the 17th of February in the present year, he says—"It is now very much the custom to administer the latter (iodide of potassium) in cases of syphilis. No doubt it is an excellent remedy in some cases, and comes in extremely well, when you have reasons for not giving mercury. But if you ask me whether you can rely upon the iodide of potassium—I say no. You may remove slight symptoms by giving it for a time, and severe symptoms by exhibiting large doses; but in the latter cases, so far as I have seen, it does not make a permanent cure, for the symptoms return again. As a prophylactic it is not to be compared with mercury."

This opinion I believe to be correct. I do not think it acts as an *antidote to a poison*; but for the cure of that assemblage of symptoms above related—phagedænic ulceration, or periosteal disease with a cachectic habit—in my own conviction it stands unrivalled by any other medicine whatever. That the disease will return is true—give what you please, it will *often* return; but, I have always observed, that as often as I had occasion to put the same patient under a course of the iodide of potassium for a return of the symptoms, it has rapidly improved the appetite, and imparted more and more vigour to the constitution, till it completely triumphed over the disease, although it had existed for many years, as was the fact in the 1st, 2nd, 4th, and 5th cases of periosteal disease.

It appears to me that to this power of invigorating the habit its salutary effects are to be principally ascribed. A cachectic condition of the system, in whatever diseases it result, so long as those diseases be not *organic*, is in fact the true object of its curative agency; and this would best explain its success in the three last diseases related—dyspepsia, apyrexial asthma, and chorea Sancti Viti, all of which were at least associated with, and probably derived from a morbid atonicity of the nervous functions involved. I have occasionally given four or five grains of blue pill every other night during the exhibition of the iodide, and I think it sometimes forwards its success.

The period necessary for a course of the iodide of potassium in "cachexia syphiloidea" is at least two months. In other cases the time must depend on the effects of the medicine. I have not had occasion in any case to give a larger dose than five grains, which has ever proved sufficient to accomplish the object in view, where the disease has been curable by this medicine. This dose has never produced any adverse effect; but in some instances, as in the first rheumatic case, it has thrown out an eruption peculiar to this remedy; and in others it has caused a bitter lupuline taste to rise up into the back of the fauces, which has annoyed the patient, and obliged me to suspend the iodide for a few days, or reduce the dose. What deleterious effects may result from large doses I must leave to be described by those who give them.

The iodide of potassium is always inadmissible where

there is any febrile disturbance, or where the tongue is much coated. I have ever found it to disagree in such cases.

Southampton, March 27, 1844.

CASE OF ANEURISM OF THE EXTERNAL ILIAC ARTERY. LIGATURE OF THE COMMON ILIAC.

By RICHARD HEY, Esq., Surgeon to the County Hospital, York.

Mr. Taylor, aged 41, residing at Acomb, near York, seen in consultation with Mr. Nelson, surgeon, and Mr. Ellis, on the 22nd November, 1843. I received the following history of his case:—

On the 10th of this month Mr. Taylor perceived a stiffness and uneasiness in the left groin, and on examination found a small hard tumour immediately above Poupart's ligament, midway between the anterior superior spinous process of the ilium and the tuber of the pubis. Having been occasionally subject to scrofulous tumours, ending in supuration, he supposed this to be an enlarged gland, and therefore at first took but little notice of it; he showed it, however, to his medical attendant, who prescribed suitable remedies for its removal. On the 13th he was suddenly attacked with severe pain in the tumour, and on the following morning it was found to be much increased in size; and now, for the first time, a decided pulsation was observed in it; pulse 90. From this time until the 22nd the tumour made perceptible advances in size daily, accompanied with pain along the course of the anterior crural nerve.

November 22. The tumour is now the size of a pretty large orange; the impulse very strong. It was, however, easily emptied by moderate and continued pressure, instantly filling again when the pressure was removed. Pressure on the aorta had the same effect, but in a lesser degree. When the base was grasped, the fingers at every pulsation were forcibly separated, and equally so on every side. There was clearly aneurism of the external iliac artery.

November 28. The tumour rapidly increasing in size; and as there seemed to be no alternative but placing a ligature upon the common iliac artery, or speedy death, I thought it my duty no longer to delay acquainting him fully with the state of the case; he was not prepared, however, at present, to decide upon the subject.

November 30. The tumour now, from having a round and uniform surface, had become conical, like the pointing of a large abscess, the skin also much thinner, red, and shining. We therefore urged upon our patient the necessity of a speedy determination; and, at his request, my brother, Mr. William Hey, of Leeds, was requested to meet us in consultation.

December 2. We met this day, and found the tumour within the last 48 hours had so much increased as to render any further delay of the operation extremely hazardous; and as Mr. William Hey concurred with us in the propriety of attempting to save our patient's life by the means already proposed, and as he was now quite willing to submit to it, we determined to wait no longer than the following morning.

Sunday, December 3. I proceeded to place a

ligature on the common iliac artery. It seemed out of the question to attempt tying the external iliac, because from the very large size and extent of the sac, it was evident that there would not be room for a ligature between that and the bifurcation of the external and internal iliacs; and in addition to this, the probable state of that artery made it unwise to run such a risk, even if it had been practicable.

There were present at the operation Messrs. Nelson and Ellis, Mr. William Hey, and Mr. Teale, of Leeds; Mr. Dodsworth and Mr. Reed, of York; to whose kind and very able assistance I feel deeply indebted.

The tumour now occupied the whole of the left iliac fossa, its base projecting considerably below Poupart's ligament inferiorly, and superiorly extending to within less than an inch and a half from the navel, being six inches across from above to below, and six inches and a half from side to side; projecting also from the plane of the abdomen fully three inches.

The patient was placed on his back on a mattress, his shoulders moderately raised. The incision was commenced two inches and three-quarters above the navel, and exactly three inches to the left of the median line. This was carried down moderately curved to the base of the tumour about six inches, and was afterwards enlarged by an angular continuation, one inch and a half in length. The fibres of the external and internal oblique muscles and transversalis being successively divided, the transversalis fascia was readily raised by means of a director, and carefully opened out through the whole length of the incision. The peritoneum now protruded in some measure; it was, however, kept down without much difficulty; and being gently drawn towards the opposite side, I was enabled slowly to insinuate my fingers behind the peritoneum, gradually separating it from its cellular attachment to the parts beneath. The common iliac artery was easily reached, and upon compressing it with the fingers, the pulsation in the tumour ceased at once. A little time was occupied in scratching through the sheath of the artery with the point of the aneurism needle; this being accomplished, the needle was passed under the artery from within outwards, armed with a double ligature of staymaker's silk, waxed. By holding aside the peritoneum and viscera, we now obtained for a moment a view of the artery, and ascertained that nothing else was included in the ligature; this being tied with the fingers close down upon the artery, all pulsation in the sac entirely ceased, and never afterwards returned in the slightest degree. The exact position of the ligature was, I believe, an inch below the bifurcation of the common iliacs. The wound was closed with six sutures and strips of adhesive plaster; and over the whole a coating of lint dipped in strong mucilage. Time, 25 minutes. The patient was now a good deal exhausted, although so little blood had been lost that it had not been necessary to take up a single bleeding vessel; he vomited also some brandy and water which had been given to him during the operation. He took, however, a cup of boiled milk, which was retained.

Evening.—Patient had been very restless and uneasy after the operation for some hours. A camphor draught, with 25 drops of Battley's sedative, had had the effect of composing him. There was now moderate reaction, pulse 90. The wound continued still very uneasy.

Monday, December 4, 9½ a.m. Has passed a tolerable night, having had sleep at intervals without any further opiate. Pulse 95, rather irritable; bowels not moved, but distended with flatus; hiccup; no pain. Two grains and a half of calomel, and a quarter of a grain of opium, to be taken immediately, and in two hours time half an ounce of castor oil in peppermint water. Farinaceous diet.

7½ p.m.—Patient looking very ill; countenance anxious and sunken. No action of the bowels; a second dose of the oil had been rejected; hiccup increased; body very tympanitic and uneasy. The bandage round the body was slackened, with some relief. Great thirst, and difficulty in making water. Pulse 98. An enema consisting of gruel, with two scruples of gum assafoetida, immediately; small doses of liquor ammoniæ acetatis, occasionally.

Tuesday, December 5, 10 a.m. Had intervals of light but refreshing sleep during the night. Enema had produced one good evacuation with much relief. No tenderness on pressing the abdomen; pulse 98. Patient upon the whole in a satisfactory state.

Vesperi. Not quite so well; rather more feverish; pulse had risen during the day to 104, now 100, and not so soft; tongue dry. No evacuation from the bowels; urine high coloured. Restless.

Calomel 1 grain.

Compound ipecacuanha powder . . . 2 grains.

To be taken every three hours, with an effervescing saline draught. A common enema in the morning.

Wednesday, December 6, 9½ a.m. Had passed a tranquil night; refreshing sleep. Enema had acted well; body soft and flaccid; pulse 89, soft. Dressed the wound, which showed a great disposition to heal; discharge very moderate. Omit the calomel; continue the saline draughts and farinaceous diet.

December 7. Nothing material; all going on well; pulse 80. Bowels moved three or four times yesterday. Patient allowed some beef tea and arrow-root, mixed. During the last day or two the tumour had looked very threatening and ready to suppurate.

December 8. Dressed the wound, which upon the whole was going on well. Body distended; but little pain. On this day the tumour seemed to be slightly diminished in size; the skin a little paler and shrunk.

December 9. Going on well in every respect. Hard lumps discharged from the bowels; appetite good. Ordered a mutton chop and half-an-ounce of wine, in addition to arrow-root, with beef tea.

December 10. Wound looking well, though the edges not quite so united; discharge very moderate; bodily health and strength better than before the operation; enjoyed his chop and wine yesterday; pulse 80. Discovered this day for the first time an artery on the dorsum of the foot, pulsating, (the anterior tibial). Tumour decidedly diminished. From this time nothing particular occurred during the progress of the case. It was found necessary to give a small dose of morphia every night, without which he had little or no sleep. He also suffered much from violent spasm of the bowels, and tenesmus whenever they were moved, in consequence of which he had medicine only on alternate days. As the motions were abundant in quantity it did not seem very evident from what this distressing symptom arose; the spasm, however, could not be quieted without the aid of an opiate injection.

December 23. Tumour has diminished more than one half, but the ligature quite fast; appetite good.

December 30. On removing the dressings this day the ligature seemed to be lying somewhat further out of the wound than usual, and on gently drawing it, I found it quite loose, and it came away without the slightest pain or difficulty. The length of the ligature from the knot to the surface was nearly five inches.

January 4. I must now allude more particularly to the distressing feature which has already been mentioned, and which threatened, if not overcome, to render our patient's life miserable, viz., the spasm of the bowels. Thinking that it might arise from some obstruction in the rectum, I had recommended Mr. Nelson to pass a bougie and explore the lower bowel: this he did, without however any result. In the meantime the spasm became more and more urgent whenever the bowels were moved. However copious the evacuation, he always felt as though there was something left which could not be expelled. On this day matters assumed a very serious aspect, the bowels were completely obstructed, the spasm dreadful; at length he became quite exhausted, and seemed to be falling into a state of coma, body very tympanitic. On passing the catheter to ascertain if the bladder were distended, Mr. Nelson found considerable obstruction. This led him again to examine the rectum, which he now found to be enormously distended with a hardened mass of feces. It felt, he said, more like a child's head presenting than anything else he could compare it to. It was thoroughly dry like bran. Here then was the cause of these formidable symptoms. It appears that the pressure of the increasing tumour had caused a gradual accumulation of feces in the colon; and although considerable evacuations were obtained by means of aperient medicines and injections, yet there never was a complete clearance, owing to the growing pressure of the sac. As this however became gradually diminished by absorption, it permitted the fecal matter slowly to advance, and at last completely to block up the rectum in the manner already described. That this was not discovered when Mr. Nelson first explored the rectum was no fault of his, but arose, I doubt not, from the circumstance that it had not descended within reach of an ordinary bougie.

Mr. Nelson happily succeeded in breaking down this extraordinary accumulation, and our patient in a few hours so far revived as to relieve us from our gloomy anticipations. Nothing has since occurred to retard his complete recovery.

It now only remains to notice one point, viz., the temperature of the limb after the operation. Perhaps this ought sooner to have been alluded to, but in truth there is little to say on this part of the case. We kept an accurate account, but after the first few days the temperature of the two limbs was so nearly equal that the difference did not amount to half a degree. The limb was simply wrapped in fine flannel. The temperature at first fell not quite so much as three degrees below that of the sound limb; in 48 hours it had risen two degrees *above* the opposite; this soon subsided, and in four days after the operation the two limbs were equal (89°) and continued so.

Two or three weeks after I had taken my leave, Mr. Nelson informed me that the sinus, made by the

ligature, was not healed. It appeared that the sac had ulcerated and discharged its remaining contents, grumous blood mixed with pus; by this means what remained of the tumour was entirely dispersed, and the sinus healed. We thought it advisable to apply a belt afterwards, in order to support the weakened parietes of the abdomen; and to the most prominent part, also, a kind of truss, with a four-inch pad, which the patient found very comfortable.

A remarkable feature in this case was the extreme and unusual rapidity of its progress, after its first commencement, only three weeks having elapsed from its first appearance of the size of a hazel nut, before it had attained the formidable size which has been described.

[The foregoing important case is, we believe, the only instance in which the common iliac artery has been successfully tied for aneurism in this country; and we beg to draw attention especially to the situation of the incision. This is a point of great consequence, as in the case before us the operator was relieved from all chance of embarrassment from the chord, &c., a source of trouble which has been complained of by some who have performed this operation. It may also be observed, that in any case in which it might be necessary or advisable to take the chance of tying the aorta, this mode of doing it will be found in every respect far more safe and facile than that adopted by Sir Astley Cooper.]

CASE OF FRACTURED PELVIS, WITH LACERATION OF THE BLADDER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you deem the details of the following fatal accident of sufficient interest to appear in the pages of the *Journal*, you are welcome to insert them.

Yours respectfully,

MATTHEW HALL, M.R.C.S.L., &c.

Wortley, Leeds, April 10, 1844.

On Saturday last I was summoned, at nine p.m., to a case on the Churwell road, at the distance of about a mile from my house, but being engaged with another patient, my assistant proceeded forthwith to attend for me. On his arrival, he found a stout man at the inn, laid on a bench, having been recently run over by a heavily laden waggon. A slight examination discovered injuries of a very severe character, and no time was lost in placing him cautiously in bed. Some hemorrhage had taken place from the penis, and it was evident that the bones of the leg were extensively fractured, the tibia nearly projecting through the skin, with some loose portions of bone.

No time was lost in communicating with me, and on my arrival, which took place about half an hour afterwards, I found the man in a state of extreme collapse, with a pulse hardly perceptible, and to all appearance we thought he would not survive many minutes. On the slightest motion he complained of much pain in the back, and thought the wheel had passed trans-

versely over his loins; he was perfectly conscious, and answered questions intelligibly. On further examination, I found slight distension of the hypogastrium, which was more manifest in the right iliac region. The right ilium was very moveable, and crepitus could be distinctly felt extending backwards towards the sacrum. External warmth, and internal stimuli, were immediately had recourse to, and after the lapse of a short time symptoms of reaction appeared. We remained some time, and found him so much rallied, that after padding the pelvis well, and giving necessary directions, we ventured to leave him. In two hours a message reached me that the patient felt somewhat better, and animal warmth had been tolerably restored.

At six a.m. I visited him again, and found my opinion of fracture of the pelvis confirmed; he had passed no urine since the accident, but complained of a constant inclination to make water, though the hypogastric region was not fuller, and from percussion nothing could be detected in the cavity of the peritoneum. The pulse had now risen, and possessed considerable tone, but the right side of the abdomen was hot, and the integuments presented a livid red appearance. Some leeches were twice ordered to this part, and I introduced the catheter, but no urine could be obtained; slight hæmorrhage from the penis followed the withdrawal of the catheter. In a few hours I saw him again, and the catheter was re-introduced with the same unsuccessful result. No more distension of the abdomen had taken place, but both hips had acquired more rotundity than in the natural state; and though I could not detect any fluid, it was evident that extravasation of urine was extensively going on. I now requested a consultation, and in the evening had the valuable assistance of Mr. T. P. Teale, of Leeds. Mr. T. again introduced the catheter, and was equally unfortunate; the instrument was allowed subsequently to remain in the bladder, after being properly secured. Several deep incisions were made in the distended parts, and a slight exudation of urine followed. Early in the morning Mr. Teale and myself saw the case again together, but no material change had occurred, except that the cloths surrounding the incisions in the glutei muscles, &c., were quite saturated with urine, and a good deal had escaped, yet nothing could be obtained with the catheter. At noon symptoms of collapse again rapidly set in, which continued until five o'clock, when he sunk without having complained of much pain.

Autopsy.—The scrotum distended, with lividity there and in the right iliac region; the upper part of both thighs much distended with fluid. The cæcum and right ascending colon excessively tympanitic, and full of black patches from effused blood. The symphysis pubis completely separated to the extent of at least one inch and a half in the upper portion. On dissecting back the bladder, it was found that the right fractured end of the pubis, which projected inwardly, had entered (below the reflection of the peritoneum) that *viscus*, producing a perforation of its tunics to the extent of two inches or more; another laceration existed, less in extent, but more posteriorly towards the right side. Several loose fragments of bone were quite detached in the pelvis; two or three were in the cavity of the bladder, *which was much contracted*. The right ilium was fractured through its whole length, and the division

of bone appeared to extend through the sacrum. A complete separation of the fractured portion of the ilium had taken place. The pubis was also fractured obliquely through the *right foramen ovale*, and from this part had several rough projections pointing inwardly; these most probably were the cause of the inferior rent.

Remarks.—The *post-mortem* appearances surprised me that life could be sustained for 45 hours under so formidable an accident. The urine had evidently extravasated by the cellular tissue only to those parts posterior and inferior to the cavity of the abdomen, and had found its exit by the outlets of the pelvis, though the perineum never presented any particular distension. The urethra appeared to have received no injury.

CASE OF PUERPERAL CONVULSIONS OCCURRING AT THE EIGHTH MONTH OF UTERINE GESTATION, SUCCESSFULLY TREATED BY THE INDUCTION OF PREMATURE LABOUR.

By C. R. BREE, Esq., M.R.C.S., Stowmarket.

M. G., aged 25, of a full plethoric habit of body, became, during the seventh month of pregnancy with her first child, generally œdematous. She complained of no particular pain. Her pulse being strong and bounding, and a general sense of fullness appearing to increase, my assistant, Mr. Snape, who was engaged to attend her in her confinement, very properly took from her 16 ounces of blood, and gave her saline diuretic and aperient medicine. Notwithstanding this treatment the œdema gradually increased during the following month.

On the evening of March 17, 1844, she retired to bed in better spirits than usual. About half-past two the following morning she awoke her husband, and told him she felt a singular sensation in her head, and she got out of bed for the purpose of tying a handkerchief round it: she got into bed again, and immediately afterwards, to use the expression of her husband, "she fell into strong convulsions," and Mr. Snape was immediately summoned. When Mr. Snape arrived he found her in the third fit, which, as they frequently occurred afterwards, I will describe.

She was quite insensible, breathing stertorous, eyelids closed, and pupil contracted. After remaining some time in this condition, the breathing became gradually quicker, and a most violent epileptic convulsion speedily followed. The muscles of the face were most hideously distorted, the features, eyes, nose, and mouth drawn on one side; the extremities violently contracted. This state of things lasted for about a minute, when the spasmodic action began to subside. The expression of the face changed from that of distortion to that of collapse, the skin became of a pallid blue colour, frothy matter exuded from the mouth, and the appearance of the patient was that of a person in articulo mortis. In a minute more, however, she returned to the same comatose insensible state which preceded the paroxysm. There was not the slightest sensibility. Her state now resembled that of apoplexy. In about ten or fifteen minutes the convulsions recurred, when the same train of symptoms were passed through.

Mr. Snape, when first called in, bled her to 20 ounces, applied a blister to the nape of the neck, cold lotion to the shaved head, and placed six grains of calomel on the tongue. The symptoms not being relieved, he sent for me in two hours, when I advised a second bleeding, the application of sinapisms to the feet, and the exhibition of a drastic enema. Temporary benefit was derived from this treatment, as evinced by the longer intervals between the fits, and a slight return of apparent consciousness about eight o'clock. Upon examination per vaginam I found slight mucous discharge, but no attempt at dilatation of the os uteri. The slight amendment observed after the second bleeding was only temporary, and the symptoms returning with their original violence, I gradually dilated the os uteri with the point of my finger, and ruptured the membranes.

Labour pains came on soon afterwards, and about five o'clock we delivered her with forceps of a dead child. During the above five hours the fits occurred about every half hour, the same apoplectic symptoms occupying the intervals.

8 p.m. Has been tranquil, and had only one fit since delivery, still quite unconscious, and the breathing stertorous. Ordered two grains of calomel to be placed on the tongue every two hours.

10 p.m. Has had one more fit, in other respects as before. Ordered to have the blister dressed with strong mercurial ointment, and to place a drachm of the same in each axilla.

March 19th, 9 a.m. Has had no fits in the night, slight return of consciousness, sufficient to take gruel when placed in the mouth. Directed the catheter to be used. Omit the calomel.

10 p.m. Continues to improve; bowels not having been moved, ordered an enema.

March 20th. She is able this morning to recognize faces around her, but unable to collect her ideas; knows nothing of the past; she has still considerable œdema, has passed urine. Ordered to take acetate of potash ten grains, with half a drachm of spirit of nitric æther, every three hours.

Vespere. Has passed a considerable quantity of urine. Ædema diminishing. Continue the remedies.

March 21st, 7 a.m. Has had a restless night and no sleep; quick irritable pulse; language incoherent; she is delirious, and the nurses have difficulty in keeping her in bed. She is now in the condition of a patient labouring under *asthenic arachnitis*.

Ordered a third of a grain of acetate of morphia directly, and the dose to be repeated in two hours, if necessary.

3 p.m. Has taken both doses of morphia and remained quite quiet until two o'clock, when the delirium returned. No sleep.

Ordered one grain of calomel and a quarter of a grain of acetate of morphia every two hours. The blister to be dressed with mercurial ointment, and the head to be placed on a bladder half filled with freezing mixture.

9 p.m. Much more tranquil, but no sleep, slight mercurial fœtor; bowels open; passes urine freely; *œdema nearly gone*. Continue the pills, but substitute the compound rhubarb pill for calomel.

March 22nd, 9 a.m. Has slept all night, and is in every respect better; bowels open; pulse less irritable; ptyalism freely induced. From this date up to the

present time she continued to improve, and is now convalescent.

REMARKS.

This case presents several points of interest. In the first place, writers in midwifery are opposed to the induction of premature labour in cases of puerperal convulsions occurring before the full period of utero-gestation. Bleed, purge, blister, and leave the uterus to take care of itself, is the mode of treatment generally recommended in these cases, and in most instances the convulsions will give way, and the woman reach her full time. But in the case I have related the symptoms were much too severe to be trifled with. My impression is, that if I had delayed inducing labour a very few hours, it would have been too late, and the marked relief obtained fully confirms the soundness of the practice. In the second place, it becomes an interesting question—what was the direct cause of the attack? The stertorous breathing; total insensibility, with one slight exception, for 24 hours; the violence of the convulsive movements, and the rapidity with which they succeeded each other—all indicate an important lesion of the nervous centre; and the anasarca condition of the body would naturally lead to the conclusion that serous effusion had taken place in the brain; while the return of consciousness after the second bleeding, and the rapid improvement which took place after labour was induced, point out *congestion* as the probable cause. Thirdly:—The occurrence of active and forcibly expulsive efforts in the uterus while the patient is in a state of apoplectic insensibility is interesting in a physiological point of view. The patient did not express pain by moaning—when the uterus contracted she moved her body about in the bed, and became still when the uterine efforts ceased. But the expulsive efforts were sufficient to carry the head of the child on to the perineum. The patient is perfectly in oblivion of everything which occurred for two days, and has quite forgotten what transpired the day before she was attacked.

The state of irritability which evinced itself on the 21st no doubt depended upon the want of sleep as a restorer of expended nervous influence, but it is interesting to remark the similarity of phenomena arising from different causes. The worst cases I have ever seen, and which have generally proved fatal, have been in the arachnitis of asthenic fever. I have seen the same symptoms induced by strong mental emotions. *They always indicate great danger*, and must be met promptly. Calomel and large doses of morphia are our sheet anchor.

Stowmarket, April 1, 1844.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, MAY 1, 1844.

We inserted last week a letter from Mr. George King, of Bath, relative to the removal of a Union Medical Officer, under an order of the Poor-Law Commissioners, and regret that we are unable,

from the length of the document, to lay before our readers the printed return of the House of Commons, with which the letter was accompanied. The facts of the case are, however, shortly these. Mr. Newman, one of the medical officers of the Wells Union, a member of the College of Surgeons, and a licentiate of the Apothecaries Company, practised, it seems, the homœopathic system of medicine, both amongst his private patients and amongst the poor of the district to which he had been appointed. A complaint of his doing so was made by Mr. Frederick Gale, a retired surgeon, resident at Glastonbury, first to the Board of Guardians, and subsequently, on their refusing to interfere, to the Poor-Law Commissioners. After a good deal of correspondence on the subject, the Commissioners having obtained from Mr. Newman an admission of the fact, addressed a letter to the Board of Guardians, stating "that they did not consider the homœopathic mode of treatment as a system of medicine recognized by any legally-constituted medical body in this country, and that they thought that the Guardians, with whom the nomination of the persons rested, were, as trustees for the public, not justified in employing medical men who use a system of medicine not recognized by the legal bodies presiding over the medical profession." The date of the letter in which this statement was made is February 7, 1843, and no further notice seems to have been taken of the matter until after the appointment of medical officers to the Union, on the 5th of April following, when Mr. Newman was re-elected to the charge of the Glastonbury district by a majority of 17 to 3. Mr. Gale, upon this, again appealed to the Commissioners, who however declined to interfere, one of their Assistant-Commissioners, Mr. Tuffnell, having been present at a meeting of the Board of Guardians in which the subject was considered, and formally confirmed the appointment of Mr. Newman as medical officer of the district. This order, on the part of the Commissioners, a copy of which was transmitted to Mr. Gale, together with a reply containing the protest of that gentleman, concludes what may be termed the first stage of the proceedings.

On the 3rd of June, however, we find the question re-opened by a letter signed by the Rev. Lord John Thynne, the Hon. and Rev. G. Neville

Grenville, and two other resident clergymen, calling upon the Commissioners for a re-consideration of their decision, and inclosing a letter from Sir Henry Hallford, the President of the College of Physicians, stating it in express terms as his opinion that no person should be allowed to hold the appointment of medical officer of a Poor-Law Union who has acknowledged publicly that he practises homœopathy exclusively, and will not practice any other system of medicine. The Poor-Law Commissioners immediately, on the receipt of these letters, submit a statement of the case, accompanied with a copy of the correspondence, to the College of Physicians, requesting their counsel; and the opinion of the College being confirmatory of that previously expressed by their President, Mr. Newman, who declined to send in his resignation, was ultimately removed by an order of the Commissioners.

The proceedings throughout the case involve many considerations of interest, and though we are quite willing to allow that the Commissioners were placed in circumstances of much difficulty, and seem to have acted with the intention of doing what was best, it must be apparent to every one who reflects on the circumstances of the case, that their decision is both arbitrary in itself, and fraught with extreme danger to the rights of medical practitioners, and to the welfare of the poor.

We shall, however, best illustrate our meaning by commenting on portions of the correspondence. The first, and indeed the main point for consideration throughout this question, and the one on which the justice of the decision, as regards Mr. Newman, and its consequent interference with the professional rights of every Union medical officer, depends, is the competence of the various tribunals appealed to, to pronounce any decision at all.

Mr. Gale, in his first letter to the Commissioners, states, that he has purposely abstained from specifying cases, because he considered "that an appeal to specific cases would throw upon the Guardians the duties of a medical board, for which they are manifestly incompetent;" and that his course of proceeding has been, "first to obtain the admission of the medical officer that he does practice homœopathy exclusively, and then to appeal to you (the Commissioners) for his removal on that ground." Mr. Gale is here in manifest, and as regards the interests of the medical profession, fatal

error. The Poor-Law Commissioners are no better qualified, and their subsequent proceedings prove that they were themselves aware of it, than the Board of Guardians, to entertain the question of the competency of their medical officers on any such grounds. If the Guardians were not fitted for judging of special details of treatment, still less could they be so of general principles; and the same objection of incompetency under which, from its constitution, the inferior board laboured, equally applies to the superior one. We do not for one moment justify the practice of the medical officer, but he was possessed of the qualifications required by the Poor-Law Act; and if in exercising these qualifications he adopted the practice of homœopathy, hydropathy, or animal magnetism, made use of the terms and formulæ set forth in the last edition of the "*Pharmacopœia Londinensis*," or had a special set of nostrums of his own, we cannot, under the existing state of the medical profession, recognize the competence of either tribunal to interfere. The position is an unfortunate one, but it is nevertheless that in which the Poor-Law authorities, so long as they are constituted as at present, must stand, whenever a similar charge, or any charge of mala praxis, is brought against any of the qualified medical officers placed under their controul.

It is not then to be wondered at that the first steps which they took in the case should have been erroneous. Accordingly, instead of following the example of the Board of Guardians, and declaring their incompetence to decide upon the question, we find them first instituting an enquiry into the fact, and then stating to the Board of Guardians that *they* (the Commissioners) "do not consider the homœopathic mode of treatment as a system of medicine recognized by any legally-constituted medical body in this country."

Had the commission been constituted with a reference to its exercising with effect, a beneficial controul over the medical arrangements for affording attendance to the sick poor, by the addition to their body of some competent medical officer; or had they been relieved of this part of their charge altogether, and the duties of it placed in the hands of a more competent tribunal, whatever difficulties might have surrounded the question, we should never have heard in these days of systems of medicine being either recognized, or disclaimed by legally-

constituted medical bodies. The enunciation of such an opinion, in such terms, affords a clear proof, were such a proof wanting, that as regards all medical questions, the Poor-Law Commissioners are in profound ignorance, and consequently utterly incompetent to entertain them. The homœopathic mode of treatment a recognized system of medicine—certainly not; but is any other? Are there not at this time many intelligent and most competent observers testing the opinions of Liebig, and endeavouring to regulate their practice by the application of his principles? But these opinions and principles are neither established, nor are they "recognized by any legally-constituted medical body in this country;" are the Union Medical Officers, therefore, or others, to be disqualified from practice because they may adopt and endeavour to follow out such views? The opinion, then, thus pronounced by the Poor-Law Commissioners was not based on a correct foundation, and accordingly could not be entertained by their unsupported authority.

The reference which they subsequently made to the College of Physicians, when the question was again brought before them, was equally unfortunate, since the diploma of that body is not required to authorize the legal practice of medicine; nor does its jurisdiction extend over the licentiates of other medical corporations. The officer whose principles and mode of treatment were called in question, was a member of the College of Surgeons, and a licentiate of the Apothecaries Company, both of them legally-constituted medical bodies, and to them should the case have been submitted by the Commissioners. What their counsel might have been under such circumstances we pretend not to guess; probably not more satisfactory as regards the principle on which the decision of the Poor-Law Commissioners should have been based, than that given by the College of Physicians.

The case, as we have before observed, is, in the present anomalous and ill-regulated condition of the profession, involved in difficulty; and, perhaps, after all, the best method of procedure would have been to select some special case for inquiry in which the absolute inertness and nothingness of the treatment would have resolved itself simply into a charge of neglect.

Elements of Natural Philosophy: being an Experimental Introduction to the Study of the Physical Sciences. By GOLDING BIRD, A.M., M.D., F.L.S., &c. Second Edition, London, 1844. Fcap. 8vo. pp. 479.

We know of no work more requisite for the student of medicine who has not had the advantage of previous instruction in physical science, than a good and concise elementary treatise on Natural Philosophy. Such a work we consider the one before us to be, and though not free from defects, of somewhat unequal character, and inferior in parts to other works on the subject, it may well be recommended as presenting in a readable and intelligible form, a great mass of information not to be found in any other single treatise on physics with which we are acquainted.

The first edition has already been some time before the public, and the general estimation in which it has been held is perhaps sufficiently shown by a second being called for. This has given the author occasion to add much to the completeness and value of his manual, by the introduction of new matter, and especially of the chapters on thermotics and the chemical action of light.

The application of the different branches or departments of the science to physiology and medicine, has perhaps scarcely been kept in view so much as could be wished, considering that, as we are informed in the preface to the first edition, a reference has been had to the amount of knowledge required of the student by the English and Scottish Medical Boards. Thus, in the chapter on acoustics, we have looked in vain for some explanation of the principles on which the stethoscope is constructed, and other like sins of omission might be pointed out elsewhere.

Among the illustrations from the animal structure which have been inserted, the following instance of mechanical contrivance is perhaps new to many of our readers. Alluding to the employment of different modifications of the lever in the construction of the animal form, Dr. Golding Bird says, "We have no instance of the occurrence of the inclined plane or its modifications in the skeleton; the sacrum is certainly not an example of the wedge, notwithstanding its figure. The only approach to a wedge in animal structure which I am acquainted with, is the bony apparatus, discovered by Sir Philip Egerton, in the neck of the ichthyosaurus, an extinct antediluvian reptile. Three wedge-like bones have been described by him as connected with the cervical vertebræ, and fitting into spaces between them; these wedges are supposed to have been withdrawn when the animal flexed the head upon the trunk, and to be introduced between bodies of the vertebræ when the head was raised; so as to diminish that vast muscular effort, which would otherwise be required, to keep the

enormous and disproportionate heads of these animals extended."

The author devotes a short chapter to organic electricity, in which he gives some account of the torpedo, gymnotus, silurus, and other electric fishes, and alludes to the development of electricity in the batrachians and certain annelidæ and insects. On the electricity of warm-blooded animals, the most recent statements noticed are those of Matteuci, from whose experiments it would appear "that electric currents, capable of being detected by the multiplier, exist between the liver and stomach of newly killed animals." These currents are said to disappear entirely on dividing the spinal marrow. An experiment of Professor Prevost, who, by transfixing a nerve with a steel needle, and then irritating the animal so as to cause contraction of the limb, succeeded in rendering the needle magnetic by the consequent electric discharge, is also mentioned. The attributing of the flame with which the poetic imagination of Virgil invests the head of Ascanius to electricity, can be regarded only as a singularly curious coruscation of this oft-perverted faculty; for which however Dr. Golding Bird is not answerable.

For some speculations on the subject of animal electricity, which the author of them dignifies with the name of researches, we may refer to a work by Dr. Coudret, a French physician, entitled "*Recherches Medico-Physiologiques sur l'Electricité Animale*," a notice of which will be found in the eighth volume of the British and Foreign Medical Review.

The chapters on magnetism, electricity, light, polarized light, and thermotics, are decidedly the best part of the work, and abound in useful and highly interesting information. The account of the daguerrotype and other photographic instruments is also full of curious matter. Numerous and well-selected wood cuts, for the illustration of the several subjects treated of, have not been spared wherever they could be useful, or assist in making the subject matter more clear, and add greatly to the value of the work. We can assure our readers that they will derive not merely instruction, but instruction conveyed in a most attractive form, from the perusal of Dr. Bird's work, a combination of the *utile cum dulce* which is of more importance than many writers would appear to think.

EFFECTS OF MALARIA ON TEETOTALLERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the *Provincial Medical Journal* for January 6th, you did me the honour to publish some observations of mine upon "The typhus fever which prevails in the Fens of Lincolnshire," wherein I stated the following:—"It may be as well to remark, *en passant*,

that the mortality from typhus is greater amongst the teetotallers than amongst those who do not observe total abstinence from stimulants; they appear to have no stamina left, and the shock is too much for their system to bear: they also suffer severely from malaria, &c. &c.*

Mr. Eden, of Liverpool, in a late number, calls upon me to substantiate the facts from which I conclude that labourers are more liable to take or die of typhus by being teetotallers.

I beg to state there is nothing *improbable*, neither is there any *fallacy* in the above remarks, nor were they committed to paper before they had been well considered and founded upon actual observation. I am not singular in this opinion, many of my medical friends can, and are willing to testify to the truth of it. Nevertheless the statement appears to have given offence to the toast and water folks, for I have lately had several temperance publications forwarded to me, such as "the National Temperance Advocate and Herald," &c., no doubt with good intentions. These theoretical productions, however, will have but little chance against an established fact, (for facts are stubborn things), that teetotallers are more liable to an attack of typhus, and with greater probability of a fatal termination, than those who do not totally abstain from stimulants; and I think, before the conclusion of this letter, I shall adduce sufficient proof of my statement.

It will be necessary in the first place to remark, that we dwell here in a low, flat, marshy district, where we have an abundance of stagnant water; the air is also vitiated by obnoxious gasses, the production of vegetable decomposition. Now this state of the atmosphere is worse at certain times than at others, and has a peculiar and powerful effect upon the population; it prostrates the strength, racks the body with pain, and gives to the sufferers a yellow and cadaverous look, and makes them pitiable indeed. A person in this state we say is suffering from *malaria*, the most powerful enemy the advocates of teetotalism have to contend with. It does not attack all persons indiscriminately, but lurks about to find victims whom it may devour; it passes stealthily, thief-like, through the abodes of wealth and plenty, and there observes the whole of the inmates, from the lordly master down to the rosy-cheeked scullery-maid: it sees their happy countenances, and hears their joyous laugh with horror, and shrinks away rapidly from a place which would soon annihilate it. But let us change the scene, and see,—in that poor and miserable cottage, with floor of mud, and windows all in pieces, and with scarce a burning ember in the grate,—there sits an emaciated and miserable looking man, who has just returned from his daily labour, and has taken his accustomed meal of bread, potatoes, and water; on the table lies the Temperance Journal; he has been reading an article which promises protection to his debilitated frame. Malaria now enters and seizes its victim by the nervous system, prostrates his physical powers, and rules predominant in his weakening body. In this state he generally applies to his medical attendant, who administers judiciously stimulants, bark, and nutritious diet, and soon restores him again to a state of good health. The above is not an overdrawn picture, but of

daily occurrence. Persons who live principally upon vegetable diet and avoid stimulants altogether, are more frequently attacked with malaria than those who do not. We have ample proofs of this every day, and a stimulant cautiously administered is a certain cure. When an individual is suffering from malaria he is in the most favourable state for an attack of typhus fever, owing to the extreme weakness caused by the malaria: a low diet and total abstinence from stimulants which induces this, is, and must be injurious. The marshy districts are the very worst for teetotallers to dwell in. We have no springs, all the water we drink is what is called soakage water, and is full of animalcule; and it is utterly impossible that any person can for any length of time continue to drink it with impunity.

A medical friend of mine told me that he had been attending a patient who had received a severe wound of the hand, which did not go on very favourably, but assumed an unhealthy appearance. The patient was low and nervous, indeed had all the symptoms of malaria about him. He enquired if he took stimulants; the patient in astonishment said, "Oh no, I have taken the *pledge*." "Then," said my friend, "You must do so, or I shall never cure you." He therefore commenced taking a pint of porter daily; the improvement was soon visible, the patient's countenance brightened up, the wound became healthy and rapidly healed, and the symptoms of malaria fled as if by magic. I believe the patient is quite satisfied with the toast and water, and has no inclination to return to it.

A teetotaller has but little chance when attacked with typhus; he cannot withstand the depressing power of the fever during its first stage. The second stage, or that of excitement, does not come on so soon in them as it does in others, and when it does, they frequently become comatose and die; and this fact I have repeatedly observed over and over again. I feel myself justified in the statement I have made, that the mortality from typhus is greater among teetotallers than among those who do not observe total abstinence. I do not wish to be misunderstood. I am no advocate for drunkenness, far from it; it is the abuse, and not the use of stimulants, that I would condemn. I consider that every man who undergoes great bodily exertion requires something more than water, (at least such as we can get,) and that a pint of home-brewed ale daily is not too much for him; indeed, the need of this is greater when we consider the small quantity of animal food the poor labourer is able to procure. There is no comparison between the teetotaller and the man who takes his accustomed glass of ale daily: the former has malaria, and all the horrors of an approaching fever depicted in his countenance; whilst in the firm and manly face of the latter we can read the enjoyment of robust health; his limbs are limbs indeed, the muscles are fully and firmly developed, and he is capable of great and continued exertion. I think I have trespassed quite sufficiently upon your columns, and will not therefore extend this letter. I have but little time for controversy, and certainly little inclination, and must beg to remain,

Your obedient Servant,

EDWIN MORRIS.

Spalding, March 29, 1844.

* *Provincial Medical Journal*, vol. vii, p. 265.

GLOUCESTERSHIRE MEDICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I am instructed to request that you will give insertion to the following account of proceedings at a quarterly meeting of the Gloucestershire Medical and Surgical Association, held at Stroud, in this county, on Thursday, the 4th instant.

I beg leave to remain, Sir,

Your obedient Servant,

THOMAS HICKES,

Gloucester, April 25, 1844.

Hon. Sec.

The usual business having been transacted, the President, Mr. Wilton, said that it was now necessary for him to inform the Association, that circumstances had arisen which would interfere with their proposed plan of holding occasional meetings at the County Infirmary. He reminded them, that at the annual meeting in October last, it was proposed that additional meetings should be held for the purpose of improving professional knowledge, by reading original papers on subjects connected with medical and surgical science, the exhibition of specimens, morbid or natural, drawings, &c., &c., &c., and that such meetings should take place at the Gloucester Infirmary, and at other institutions of a similar character in the county. In consequence of the approval of this proposition, he stated, that as President of the Association and Senior Surgeon of the Infirmary, he had applied to the Weekly Board of Governors of that Institution for the use of a room, which was immediately granted, and that a similar request had been made to the Governors of the Cheltenham General Hospital, which was also acceded to.

The first meeting was accordingly held in the Gloucester Infirmary on the second of November (the month following.)

The second meeting was fixed for the 15th February, some days previous to which, the following communication was received by him from Mr. Hill, the Secretary to the Gloucester Infirmary.

*(Extract from the minutes of the Weekly Board,
February 8, 1844.)*

"An intimation having been made to this Board, that a meeting of the Gloucestershire Medical and Surgical Association is proposed to be held at this Infirmary:—

"Resolved,—That Mr. Wilton, Senior Surgeon to the Institution, be requested to attend the Board on Thursday next, and that he will be kind enough, on that occasion, to explain such particulars, as may enable the Board to form a decision, as to the propriety of affording the use of a room in the establishment for such purpose.

"Ordered that a copy of the foregoing resolution be forwarded to Mr. Wilton."

*(Extract from the minutes of the Weekly Board,
February 15th.)*

"Mr. Wilton attended this Board, as requested by the Governors on Thursday last, and having satisfied them that an assent had been given, some time since, to the occasional use of the Committee-room for the

accommodation of the Gloucestershire Medical and Surgical Association, whose purposes are the improvement of professional knowledge, by reading papers on subjects connected with Medical and Surgical Science, the exhibition of specimens, morbid and natural, drawings, &c. &c. &c.

"Resolved,—That the Board now assembled readily assent to the use of the Committee-room for the purpose specified, and regret that a minute was not ordered to be made on their records, that such assent had been obtained by Mr. Wilton on a former occasion."

At the close of the meeting at which the above resolution was passed, Mr. Wilton said, that he discovered that those of his colleagues who were not members of the Association, and who constitute one half of the Medical Staff of the Infirmary, felt themselves deeply aggrieved by not having been consulted by him, previous to his application to the Governors. He thereupon immediately expressed to those gentlemen, his unfeigned regret that there should have been any apparent omission of courtesy towards them, such omission being quite unintentional. He also represented that he had only pursued the course adopted by the late Senior Physician of the Infirmary, who had, in February, 1841, obtained for the Association, from the Weekly Board, the privilege of meeting in the committee-room. Although they admitted that they believed his declaration that no offence was intended, they have nevertheless remained dissatisfied, and insisted that he should again apply to the Board to suspend the permission which it had granted.

The President observed, that acting as he did for the Association, he had clearly no right to surrender the privilege he had obtained for it; and he therefore declined to accede to this demand of his colleagues. The meeting of the Association was accordingly held in the committee-room of the Infirmary on the evening of the same day.

The next meeting of the Governors was attended by the whole medical staff, excepting himself. Those gentlemen had prepared the following address to the Weekly Board:—

*(Extract from the minutes of the Weekly Board,
February 22nd.)*

"Gloucester Infirmary, Feb. 21, 1844.

"We, the undersigned, members of the Medical Board, beg respectfully to request of the Weekly Board that they will suspend the confirmation of their minute, allowing the use of the Committee-room for the purposes of the Gloucestershire Medical and Surgical Association. We make this request because the application having been made, and the assent of the Weekly Board obtained, without our knowledge, we feel that some time may be fairly required for deliberation, thereby to enable us to present our opinion to the Board upon a measure of such importance.

"Signed,

"THOMAS EVANS, M.D.

"RALPH FLETCHER, M.D.

"W. H. FLETCHER.

"T. C. BUCHANAN.

"ALFRED JOSHUA WOOD.

"The foregoing address having been considered, it

was proposed by Dr. Evans, and seconded by Mr. Fulljames, that the confirmation of the minute in question be suspended until the further opinion of the abovenamed medical gentlemen shall have been obtained.

"An amendment having been moved by Mr. Sage, and seconded by Mr. Turner, 'that the said minute be this day confirmed,' and the Chairman having taken the sense of the Board upon the respective propositions, that gentleman declared the previous question to have been carried. (The five medical officers who signed the address voting in the majority.) "Ordered that a copy of the foregoing proceedings be transmitted to Mr. Wilton by the Secretary."

At the succeeding meeting of the Weekly Board neither of those medical officers who are members of the Association were present. The following letters were presented to that meeting:—

(Extract from the minutes of the Weekly Board,
February 29th.)

"Gloucester Infirmary, Feb. 27, 1844.

"(1.) To the Governors of the Infirmary assembled at the Weekly Board.

"The Medical Board beg respectfully to express their opinion, that should the Governors allow the use of the Infirmary, or any part of it, to the Gloucestershire Medical and Surgical Association, the meetings of such Association, being held for purposes connected with the Medical Profession, shall take place under such regulations as the Medical Board may decide to be advisable, a privilege to which, with submission, they think themselves fairly entitled.

"The Medical Board feel, and have always felt, great pleasure in rendering this hospital available for the promotion of the objects of Medical Science, and have ever made it of easy access to the members of their Profession."

"(2.) To the Governors of the Gloucester Infirmary, at their Weekly Board, Feb. 29, 1844.

"Gentlemen,—I understand a Report will be presented to you this day from the Medical Board relating to the meetings of the Gloucestershire Medical and Surgical Association in the Infirmary.

"I beg to remind you, that on Thursday last a proposition of Dr. Evans's was carried, which referred the subject in question to those of your medical officers there named, and of which I was not one. I did not, therefore, attend the deliberative meetings of my colleagues, and am no party to the report this day presented to you, in the name of the Medical Board.

"I remain, Gentlemen,

"Your faithful and obedient servant,

"JOHN W. WILTON."

"The above letter having been considered, it was resolved (two dissentients), that it is the opinion of this meeting that the Weekly Board have not the power to grant the use of this (committee) room, or any part of the hospital, for any purposes not directly or immediately connected with the objects of this institution."

The Medical Officers present voted in support of this resolution.

This communication from the President gave rise to a very animated discussion, and the following resolutions were unanimously adopted.

Resolved—1. That the honour, as well as the legi-

timate interests and objects of the medical profession, are seriously compromised by the recent proceedings at the Gloucester Infirmary, relative to the scientific meetings of this Association.

2. That the Weekly Board of the Infirmary, in deciding that "it has not the power" to grant the use of the committee-room for professional meetings, *on the ground that such meetings are not "directly and immediately connected with the objects of the Infirmary,"* has taken a limited view of the objects of such meetings, and adopted a course at variance with the usage of other county Infirmaries, and with that readiness to promote the advancement of medical science which ordinarily distinguishes the Governors of these excellent institutions.

3. That this decision cannot be considered as expressing the deliberate opinion of the great body of the Governors, but as an act instigated and promoted by those Medical Officers of the Infirmary who are not members of this Association.

4. That the Medical Officers of the Infirmary, who proposed to control the internal regulations of a Society, of which they are not members, (in case the Governors had confirmed the grant of the committee-room for its meetings,) have entirely mistaken their position, and have claimed an authority to which they are neither personally nor officially entitled; and that the grant of the room, coupled with such an extraordinary condition, could not have been accepted by the Association.

5. That the attempt of these gentlemen to *throw the onus of the refusal on the Weekly Board* is fully understood by this Association; and that their warm professions of willingness to render the Hospital available to science, and easy of access to the profession, are unsupported by facts, and in direct opposition to their conduct on the present occasion.

6. That the whole transaction affords a fresh proof of the evils arising from the lamentable want of union and co-operation among medical practitioners; and that it is not surprising that the Governors of an Infirmary, or any other public body, should decline to aid the pursuits of a profession, the members of which are seen to be actuated by narrow views or illiberal motives.

7. That this Association is anxious to express its sense of the honourable and independent conduct of the President, J. W. Wilton, Esq., and its regret that he should have been subjected to such ungenerous treatment by his colleagues at the Infirmary, who can only allege, by way of excuse, that he inadvertently omitted to consult *them* before applying to the Weekly Board for the use of the committee-room.

8. That the next meeting (for scientific purposes) be held on Thursday, the 9th of May, at the Gloucester Dispensary, to which the Committee and Medical Officers of that institution have obligingly assented.

9. That these resolutions, with a copy of the proceedings at the Gloucester Infirmary, be forwarded to the Editors of the London Medical Gazette, the Lancet, and the Provincial Medical and Surgical Journal, with a request that they will have the goodness to publish them; and that copies of the whole communication be circulated among the Governors of the Infirmary, and the medical practitioners of the county of Gloucester.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Permit me to request your readers to compare a letter from Mr. George King, of Bath, dated December 8, 1841, and published in the 3rd volume of the *Provincial Journal*, with that bearing his signature in this morning's number.

I may say of both these communications what you very justly observed of the first: they are really matters of curiosity—literary phenomena—professional monstrosities!

A little more than two years since we saw this eccentric gentleman defending the Poor Law Commissioners on the most indefensible point of their medical arrangements, justifying the *tender and contract system*, and declaring that the rules and orders of the Commissioners were "calculated to keep up the dignity of the profession rather than to degrade its members." But now that the Commissioners are beginning to act more justly to the profession, and more humanely to the sick poor, we find that Mr. George King takes the opposite ground, and attacks them for calling in the aid of the College of Physicians to protect the objects of their charge.

Mr. George King *now* talks of the advantage of a Medical Commissioner. Should such an office be determined on by the Legislature, let the Profession take good care that no one shall obtain the appointment who, on the one hand, might oppress the regular practitioner, by again establishing the universally reprobated principle of *pecuniary competition* for Medical Offices; and on the other hand, patronize those who may find it convenient and economical to physic the unfortunate paupers with Hahnemannian granules.

I am, Sir,

Your obedient servant,

A PROVINCIAL SURGEON.

April 24, 1844.

RETROSPECT.

ON THE EFFECTS OF OPIUM ON THE INFANT SUBJECT.

An excellent paper on this subject has been published by Dr. John B. Beck. He remarks, that with regard to the effects of opium on the young, there are two facts which seem to be well established—the first, that it acts with much greater energy on the infant than it does on the adult; and the second, that it is more uncertain in its action on the infant than on the adult. It is in consequence of these peculiarities that even the smallest quantities have not unfrequently produced fatal results. The causes of the peculiar energy and uncertainty with which opium acts on the infant subject would seem to be the following:—

In the *first place*, the great difference in the physical organization of the *infant* and the *adult*. In the young subject the brain and nervous system are much more impressible, and the slightest causes, as we know, will sometimes derange them. Besides, in the infant, the circulation is more rapid—there is a greater proportionate quantity of blood circulating in the brain, and hence a much greater tendency to cerebral determinations. From these peculiarities in the

organization of the infant, it happens that convulsions are so much more common in the early periods of life. Thus, for example, the irritation of teething—of worms or crude matter in the intestines, is frequently followed by convulsions. Intermittent fever, which in the adult commences with a chill, in the child is frequently ushered in by a convulsion. Scarlet fever, too, in the child not unfrequently commences with a convulsion, while in the adult Dr. Beck has never witnessed such an occurrence. Now, with such peculiar predispositions characterizing the system in infancy, it may readily be conceived how it is that such an article as opium should act with more power at that period than in after life.

In the *second place*, the difference in the *temperament* or *constitution* of infants. In the adult, we know as a matter of fact, that opium differs greatly in its effects in different constitutions. Thus, as a general rule, the sanguine temperament does not appear to bear the use of this drug as well as the melancholic or the nervous. In the former, it is much more apt to produce cerebral disturbance, and in large doses is more likely to prove injurious. Now, infants differ from one another, as much, if not more, than adults, in these peculiarities of constitution, and, as a matter of course, the difference in the effects of this article must be greater. Besides, as these peculiarities and differences can only be detected by actual experience, and as we cannot of necessity have the same benefit of experience in the case of infants, it is obvious that the difficulty of justly appreciating the action of this drug on the infant must be greatly increased. A greater or less degree of uncertainty, therefore, must necessarily from this cause attend its use in the early periods of life.

In the *third place*, the actual state of the system as to disease. There is no circumstance which modifies the effect of opium in so great a degree as this. In the adult we see this continually. In some conditions of the system even small doses produce the most unpleasant effects, while in other conditions, immense quantities may be given with little or no effect; thus, for example, when severe pain or spasm are present, quantities of this article can be borne, which under other circumstances would prove exceedingly injurious. As illustrative of this, an interesting case related by Dr. Percival is quoted. He states that a young man was admitted into the Manchester Hospital on account of a violent spasmodic disease which recurred periodically in the evening, and after trials of various remedies, doses of opium sufficiently large to mitigate the violence of the paroxysm were ordered, and he took twenty-two grains every night during a week, without producing any soporific effect. On the eighth night he had no return of the spasm:—he nevertheless took the opium, and in the morning was found dead. In this case a great and sudden change had unquestionably taken place in the nervous system of the patient, and to this must be ascribed the difference of effect. If in the adult the state of the system makes such a wide difference in the effects of this article, how much more so must all this be the case in the sensitive infant; and it is by not duly regarding this, that such unexpected results sometimes follow from the use of opium. Thus, for example, a child labouring under the acute pain of colic will tolerate doses which in

the ordinary condition of the system might prove destructive.

There is one condition of the young subject particularly in which this remedy is frequently resorted to, in which this is strikingly illustrated, — that state of exhaustion which arises from diarrhoea and other bowel complaints. In this state the head is very apt to become affected, and if opium be given with a view of checking the intestinal discharges, not unfrequently insensibility gradually creeps over the little sufferer, and in a short time death is the result; and this, too, even when the quantity used has been apparently adapted with great nicety to the wants of the case. Every observing practitioner must have witnessed such instances. Now in many cases of this kind there can be no question that the child sinks under the sedative influence of the opium; and the reason is that, in the exhausted state brought on by the disease, the system succumbs much more readily to the narcotic effects of this article than it does in other conditions.

The foregoing considerations appear sufficient to account for the greater power, as well as uncertainty in the action of opium, on the infant than on the adult.—*New York Journal of Medicine.*

CAUTIONS ON THE EMPLOYMENT OF OPIUM IN INFANTS.

1. Its use should be avoided as much as possible in the young subject. I will not say, observes Dr. Beck, that it ought to be interdicted altogether, because if used with discretion, it is a remedy of great value in many of the diseases of infants, but it should never be used unless there exists a strong and manifest necessity for it.

2. Great caution should be exercised in the form in which it is administered. No preparation should ever be used which is *not of a known and determined strength*. In England, the *syrup of poppies* is the preparation most used for children. In this country it is also used, but not to the same extent. This is a pleasant and mild opiate, and on these accounts is well adapted for children. It is liable, however, to great objections. Besides being apt to ferment and spoil, it is very *variable in its strength*. On this account it is really a very dangerous article; and many cases are recorded in which fatal results have followed the use of it, even in moderate doses. Another objection is, that it is liable to sophistication. Thus a mixture of *laudanum and simple syrup*, has sometimes been sold for it. In the London Medical Gazette, (May, 1831, p. 253), a case is related where a child died in consequence of a small dose of this latter compound having been given by the mother, who had previously given the same quantity of the pure syrup of poppies with advantage.

The best preparations for children are *laudanum* and *elixir paregoric*. These are of known strength, and susceptible of division into the minutest doses. *Dover's powder* is another preparation which may be given to children. It may readily be divided into the smallest doses, and it seems to act much more mildly than equivalent doses of simple opium. It need hardly be stated, that all such articles as Godfrey's Cordial, Dalby's Carminative, &c., should be totally discarded from regular practice. Besides being

uncertain in their strength, and on that account exceedingly objectionable, the sanction thus given to them encourages their use by persons out of the profession, who cannot be supposed to be acquainted with the dangerous effects of opium on the infant system.

3. In very young subjects we should never begin the use of this article, except in *very small doses*. Although most practical writers lay down cautions about the use of opium in these cases, yet it does not appear to me that these cautions are sufficiently precise. Most of these writers specify doses as suitable to certain ages, without stating that even these doses may, in certain conditions of the system, prove just as injurious as much larger doses. As an illustration, the directions given by one of our standard authorities are quoted. Dr. Dewees says, "the proper dose of laudanum for infants and children may be reckoned at the following rates. Half a drop for a child under ten days old; a drop, for one from that period to the end of the month; a drop and a half or two drops for one from that period to three months; three drops from this to nine months, &c., &c.," "When laudanum is to be used as an injection we may safely increase the quantity three or four fold." He adds, "These doses are prescribed for children who are altogether unused to the use of this drug; the power of bearing more may be rapidly increased by habit." A more dangerous set of directions could not well have been given. Although many children may bear the quantities here specified without injury, yet every now and then a case will occur in which the most serious results will follow; and it is against these that the necessary precautions should always be taken. In the case of a new-born infant, we are entirely ignorant of the manner in which such an article as this will affect it, and it therefore will not do to begin with *average doses*. To practice safely we must feel our way with doses much smaller; and then we shall have some guide, and the only guide which the nature of the case admits of, to make the necessary increase in the quantity to be given. Under no circumstances, as a first dose, ought half a drop to be given to a child under ten days—or a drop to a child during the first month. One-eighth of a drop is sufficient to begin with. The quantity, too, directed for an injection is too large. Instead of three or four times the quantity given by the mouth, as far as my experience goes, double the quantity is quite sufficient.

4. The doses of opium should not be repeated *at too short intervals*. This, too, is a point which is not sufficiently guarded by some practical writers. One writer, for example, after specifying the quantity suitable for a child of two and three months, adds, that "this is not to be repeated in less than an hour." If this means anything, it means of course, that after the lapse of an hour, the dose may be repeated with safety. This, however, will not be sustained by experience. Even if a first dose does not narcotize, it frequently produces a degree of listlessness and indifference to food on the part of the child, which, if it be kept up by repetitions of the opiate, may eventually prove just as destructive. This is strikingly illustrated in those states of exhaustion from diarrhoea, where the due supply of nourishment is so essential to recovery. Where repeated opiates are necessary,

the intervals between the doses should be long enough to enable the child to recover somewhat from the sedative influence.—*Ibid.*

EMPIRICAL USE OF OPIUM IN CHILDREN.

There are two ways in which opium is used by persons out of the profession, in both of which it proves injurious to the child. The first is by giving it in occasional doses; the second, by giving it constantly. The first is bad enough, but the second is still worse. The first, now and then, unexpectedly destroys a child; the second is followed by a train of the most disgusting consequences, worse, if possible, than those of habitual drunkenness in the adult. Fortunately, these latter cases are not of such frequent occurrence; occasionally, however, they are met with where the parent, for the purpose of quieting it, has been induced to keep a child for months under the daily influence of paregoric, Godfrey's Cordial, or some other opiate nostrum. In these cases, the effect is to stunt the growth of the child; it is emaciated and puny; the skin is flabby and shrivelled; the lips are bloated, and the countenance sallow and wrinkled. There is an absence of all intelligence, and the whole appearance is haggard and aged, presenting a sort of "miniature of old age." Not long since Dr. Beck witnessed a case of this kind, in which a child of 14 months did not appear larger than one of two or three months. With the exception of one month, it had been kept upon paregoric almost every day since its birth. The mother was a poor woman, and stated that she had resorted to this method of keeping the child quiet while she attended to her work.—*Ibid.*

OPERATION FOR EMPYEMA.

The place to operate on in empyema, according to the opinion of the late Professor Colles, is referable to the inferior angle of the scapula. Place your patient on the side opposite to where the matter is; place his arm of the affected side on a line with the body, the elbow being just over the highest part of the crest of the ilium; you then have the scapula fixed; then measure four fingers' breadth from the angle of the scapula, and four fingers' breadth transversely from the spinous processes of the vertebræ (to get clear of the thick mass of muscles near the spine), until it meets the perpendicular line, where they decussate, there you should puncture.—*Dublin Medical Press.*

ALCOHOLIC LOTION IN PHTHISIS PULMONALIS.

The following lotion and method of applying it are recommended by Dr. Marshall Hall in the treatment of incipient phthisis. A piece of soft linen, of the size of a very large sheet of letter paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the thorax just below the clavicles, and fastened to the shoulder-straps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, which consists of one part of pure alcohol mixed with three parts of water, and pressed upon the linen along its whole course, the dress being opened for the purpose, and immediately closed. The lotion should be applied warm at first, and afterwards of the temperature of

the atmosphere. The operation need not occupy five seconds, and should be repeated every five minutes, during the day and all waking hours, the dress being light or even entirely removed, so as to allow of free and rapid evaporation. Other means recommended by Dr. Marshall Hall, are changes of air; free exposure to the sea breezes; a sea voyage; a mild climate; a chalky soil; a locality screened from the north east winds; gentle exercise, especially on horseback; a meat diet, with a little of Bass's ale, perhaps, but otherwise without stimulus; the system of sponging with the sea water, or salt and water, or vinegar and water; light clothing, with flannel next the skin, &c.; the plan recommended by the late Dr. Stewart, &c.—*Lancet.*

BOOKS RECEIVED.

Practical Observations on the Prevention, Causes, and Treatment of Curvatures of the Spine; with an Etching and Description of an Apparatus for the Correction of the Deformity, and Engravings illustrative of the cases. By Samuel Hare, Esq., Surgeon. Second Edition. London: Churchill. 1844. pp. 173.

Observations on the Proximate Cause of Insanity. By James Sheppard, M.R.C.S. London: Longmans. 1844. pp. 104.

Copy of Correspondence between the Poor Law Commissioners and the Guardians of the Wells Union, relative to the dismissal of Mr. George Newman from Medical Superintendence of the Poor of the Glastonbury District. 1844. pp. 23.

TO CORRESPONDENTS.

Communications have been received from Mr. Crowfoot, Investigator, Mr. Druiitt, and Mr. H. Wilson.

Several communications previously received are in type, which will appear as soon as we can make room for them.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princess Street, Soho.

NOTICE.

In consequence of the usual supply of stamps not having arrived in time, a portion of this week's impression sent by post is worked off on unstamped paper—due notice having been previously given to the Stamp Office.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE CAUSE OF DEATH IN FEVER.

By R. T. HUNT, Esq., Consulting Surgeon to the Manchester Lying-in Hospital.

The fatal termination of many cases of fever evidently depends upon structural lesions, which can be displayed by dissection. In some instances, it seems a question whether the morbid appearances discovered are sufficient to account for death; whilst, in others, the most careful and deliberate post-mortem examination gives no evidence of any decided change of structure which can be considered as the product of disease.

The following observations are intended to have reference, principally, to the last class of cases, but will to a certain extent be found applicable to the others also. The morbid appearances which occur in the exanthemata, or eruptive fevers, are usually so different, that the consideration of them will not with propriety come under the present view, which will be confined to an examination into the cause of death in continued typhous and bilious fevers.

When dissection displays no structural lesion sufficient to account for death, to what must the fatal termination be attributed? Is it owing to the lengthened continuance of the fever? Does the depraved state of the *functions*, which constitutes fever, or, at least, which accompanies this disease, tend, essentially, to such a conclusion? Are the patient's stamina broken up, and the tone of his nervous system utterly destroyed? Is he in fact worn out by fever?

If such be the case, the enquiry into the manner in which depraved functions produce that state, which terminates in death, must be one of momentous importance. And if the enquiry should lead to an examination of the altered condition of the functions during fever, and from this examination should result a conviction that the alteration which occurs in some of the most important functions of the system is to be considered more in the light of a change of function for remedial purposes than a mere disordered alteration, will not this tend towards the partial removal of that unfortunate obscurity with which the cause of death in such cases of fever is at present shrouded.

When patients suffering from fever first apply for medical treatment, it is often found that they have, for some time previously, felt ill. Ordinary exertion has been irksome; sleep either broken or unrefreshing; the mind either irritable or inclined to despondency; and the appetite unusually variable. Still, however, the regular meals have been taken, and particularly if the individual is in the middle or higher ranks of life, recourse has been had to stimulants and delicacies,

with a view of exciting and restoring the palled appetite. Indigestion may consequently have loaded the bowels with a crude and unassimilated mass, which it is beyond the power of the daily evacuations effectually to diminish. This "*rudis indigestaque moles*," may have been either partially or completely removed by active aperient medicine, but the circumstances which led to this condition being still in operation, after a time, the rigors, heat, and other unequivocal symptoms which form the combination, denominated fever, set in, and absolutely prevent the individual from proceeding longer in the course which he has lately adopted.

The vitiated condition of many of the most important functions of the system, which is always present during fever, has a most material effect in checking, and frequently in entirely preventing those processes of assimilation upon which the nutrition of the body depends. The digestive functions are impaired in a marked degree; there is no appetite, except for fluids of the mildest description, cold water being often preferred by the patient to every other kind of beverage. There is nausea, and frequently vomiting; the secretion of bile is deranged; the excretions from the skin, bowels, and kidneys, are irregular in time, in quantity, and in character; and, as might be expected, the circulatory and nervous systems are deranged in a corresponding degree. The emaciated condition of the body, and the dryness of the skin, and of the membranes of the mouth, fauces, and other internal mucous surfaces of the alimentary canal, evince the diminution of the general fluids of the system. The increased thirst appears to be the demand for a supply sufficient to remedy this deficiency; but if the fluid taken into the stomach is either rejected by vomiting, or carried off through the bowels in liquid evacuations, the end intended to be fulfilled by the increased supply of fluid, is entirely frustrated; and, if such a state be of long continuance, that exhaustion, which terminates in death, will be the result.

It has been stated that there is no appetite except for mild fluids.* If such fluids as water, barley-water, and mucilage, will alone be tolerated in the alimentary canal, and if, as is generally admitted, a large quantity of any of these contains but a trifling proportion of the materials of nutrition, it follows as a direct conclusion, that not only must a considerable quantity be taken into the canal, but it must also remain there a sufficient time to allow the now debilitated organs of assimilation to

* This remark applies more particularly to the commencement of fever. In the last, or low stage, that of exhaustion, the appetite, in many instances, inclines towards stimulating liquids.

separate from it those nutritive particles which are required for the support and maintenance of the various structures of the body. Neither must the state of the saliva, bile, gastric and pancreatic juices, and of the mucous secretions of the alimentary canal, or the urinary excretion, be overlooked, as irregularity of the functions upon which these depend, is always found, to a greater or less amount, in fever. Another reason why the process of digestion, during fever, ought to be allowed to be slowly conducted, is, that the previous state of the system has fatigued and harassed all the organs connected with digestion, and these consequently require the rest, with which digestion, equally quick with that of health, is altogether incompatible. All the natural indications in fever agree with this view. The senses desire a moderation of the intensity of their several natural stimuli. The eye will not tolerate the usual degree of light. Common sounds produce annoyance; and the taste and smell are also affected. Bodily exertion and mental application are equally irksome; and the animal seems fast verging into a vegetable state of existence.

But it is to this temporary prostration of all the powers of animal life that the safety and complete renovation of them is owing. The timely pause has not only rescued the sufferer from the grave, to which he was hastening, but has left him with renewed strength and awakened energies to fulfil to the end of his course those duties which Providence has allotted to him to perform. If this be considered as a correct account of the phenomena of fever, in their most simple form, the duty of the medical attendant is obvious. He must superintend the progress of the changes going on, with anxious scrutiny, and avoid that interference which is uncalled for by the nature of the case. The interference to which I wish most urgently to call attention, consists in the mismanagement of aperient medicines. If, at the commencement of fever, manual examination of the abdomen and the character of the alvine evacuations show that the alimentary canal is more or less loaded with undigested matter, the propriety of commencing the treatment with aperients, calculated to remove the irritating contents of the bowels, cannot be controverted. But if the evacuations present characteristics which are usually considered indicative of vitiated secretions; if, for instance, the motions seem to contain too much or too little bile, even the mild form of aperients, usually called alteratives, are apparently in many cases decidedly injurious. This will, I have no doubt, to many, appear a startling proposition. If, I may be asked, the secretions are wrong, must we not rectify them by medicine? If the evacuations consist almost entirely of bile, is the state of the liver, which this circumstance indicates, to be left to the unaided "*vis medicatrix nature*?" This question may be answered by another, viz., whether it is not probable that this unusual secretion of bile may be instituted for the purpose of rectifying something which was wrong in the functions of the digestive apparatus? The grounds for such a supposition are, that this abnormal secretion never occurs except after previous disturbance of the digestive organs, and that its presence is a proof that the contents of the bowels are already sufficiently irritating to their internal surface without increasing that irritation by purgatives.

During the progress of fever, the processes of

nutrition are materially affected, owing to the improper performance of the functions of the alimentary canal. Those ingesta, which in a state of health, afford the principal materials of nutriment, now appear the most irritating to various parts of this canal. Sometimes the stomach rejects everything except the most simple fluids, and this rejection is frequently accompanied with bilious vomiting. When the disposition to vomiting has ceased, or even during its continuance, the bowels become deranged, their excretions irregular and of depraved character, and there is frequently troublesome diarrhœa, flatulence, and even tympanitis. When this state of the digestive organs subsides, it must leave them in a seriously debilitated condition, nor can they be expected at once to return to the regular performance of their important functions. The same time which these functions have required for their performance during health cannot now be fixed as a rule for their completion. The ingesta must not be expected to mix with the various secretions, to traverse the length of the canal, and to undergo those processes which are necessary for separating from them and transmitting to the general system the nutritive materials, and then be expelled in the form of feces, in the same space of time which was sufficient for these purposes during a state of health. This time must not be limited to 24 hours, nor to double or treble that time. It must not be limited by any arbitrary rule, but the unaided powers of the functions themselves must in this case be depended on, unless abdominal tumefaction, pain, or uneasiness supervene; and it will be found that the greatest advantage often accrues from the bowels remaining seven or eight days without an evacuation.

When fever has continued for a week or a fortnight, and no indication of a loaded state of the bowels is present, and particularly if the patient has suffered during the attack from diarrhœa, the torpid state of the bowels, whether produced by the exhibition of opium and astringents or otherwise, is usually considered unfavourable, and small doses of gentle aperients are prescribed. The effect of these small doses is frequently more powerful than might have been anticipated. In some instances, a tea-spoonful of castor oil, two or three grains of powdered rhubarb, of hydrargyrum cum creta, or of carbonate of magnesia, given, either separately or in combination, and equally small doses of sulphate of magnesia, of decoction of aloes, or of blue pill with colocynth, have, in my practice, been followed by troublesome diarrhœa.

To refer to any number of such cases would too much extend the length of this communication, but the following appears to me so applicable to the subject that I will relate it in a few words. The case was one of malignant typhus, and had continued about a week when I first saw the patient, a young woman about 25 years of age. Oct. 28, 1837, five grains of blue pill and five grains of colocynth produced free purging, with aggravation of all the symptoms. Up to Nov. 1, the only medicine she took was three grains of carbonate of magnesia four times in the day. She now took the citrate of potash every four hours. Nov. 2, diarrhœa much increased, other symptoms worse; ordered, opium half a grain, di-acetate of lead two grains. Bowels checked, and remained without action until the 5th, in consequence of which she took car-

bonate of magnesia ten grains, and sulphate of magnesia a drachm, which operated freely.

The effect of the condition of the bowels upon the general symptoms was throughout this case most decided. Whenever the bowels remained more than 24 hours quiet, the countenance, tongue, and respiration improved, there was less delirium, and that of a better character, and occasionally refreshing sleep, but each time the diarrhoea returned, the patient sunk back into a state of low muttering delirium, alternating with coma, and frequently passing the motions in bed. From subsequent observation I am induced to believe that if the preceding case had been treated without purgatives it would throughout have assumed a milder character. It may, however, be desirable to notice that many fatal cases of fever occurred at this time in the same vicinity.

Previously to the occurrence of this case I had been fully aware of the injurious effects of purgatives in those instances of fever in which ulceration of the bowels was threatened, but when no indications of such a state were present, I had, in accordance with the general practice, constantly prescribed gentle aperients or alteratives when the bowels did not act within 24 hours. During the last five years I have seen sufficient to convince me of the almost universally injurious effect of purgatives during the course of fever. Five days has been a very common period during which I have allowed the bowels to remain without acting, but in some cases the time has been extended to seven days with the greatest apparent advantage.

Although these remarks, on the condition and management of the digestive functions, during fever, will be found very generally applicable, yet exceptions are sometimes, though very rarely, met with. Fortunately, however, in such instances, the indications are too decided to cause any obscurity in the diagnosis. The cases to which I now refer, are those in which a collection of fecal matter is retained in the bowels in the course of fever. In such an instance the abdomen is tumified, but the tumefaction is very different from that which is dependent either upon flatus or effused fluid. It has a more solid and inelastic feel, and, upon pressure, communicates to the hand a sensation something similar to that caused by pressing dough placed beneath a cloth. Often in such a case aperient medicine will not act until after having been frequently repeated, and the motions, when procured, are either larger, or, if small, of considerable consistency, nor is the tumefaction of the bowels apparently reduced by several evacuations, although the general condition of the patient continues to improve with each copious consistent motion. On the contrary, in the cases which form the subject of these remarks, the bowels have a tendency to diarrhoea, or are so easily acted upon by medicine that motions of much consistence are not generally obtained, and the abdomen is not tumid; or if tumid, the nature of its contents, whether flatulent or fluid, can be easily ascertained by manual examination. Amongst a considerable number of cases, I have met with only two, in which any large accumulation of feces had collected in the bowels, and in both instances the typhoid symptoms, which were of an aggravated character, quickly improved under the use of purgatives. The

patients, who were girls about 12 years old, had not been subjected to medical treatment during the course of the attack, and both appeared in the last stage of typhus. It is, perhaps, of consequence not to overlook the particular change in the female system which often commences about this age.

If, when dangerous symptoms occur from exhaustion, during fever, it is of so much importance to allow the impaired digestive functions sufficient time to perform their duties, by avoiding, as much as is possible, the exhibition of purgatives, how much more necessary must be our adherence to such a plan of treatment when the mucous membrane of the bowels is in that diseased state which terminates in ulceration, or when ulceration has already commenced. In these cases the torpidity of the bowels becomes the safety of the patient. That ulcers of the bowels will, like other ulcers, heal when properly managed, is now an indisputable fact, and this proper management consists in placing the affected intestines as much at rest as is possible. Those who had the pleasure of hearing Dr. J. L. Bardsley's excellent paper "On Affections of the Mucous Membranes during Fever,"* will be fully prepared to agree with this view of a part of the subject to which I can, at present, only incidentally allude.

In the fevers which follow severe injuries; in those which succeed to accidental, idiopathic, or uterine hæmorrhage, the same treatment appears to me applicable.

The injurious effects of purgatives after hæmorrhage I have endeavoured to point out in a communication to the Manchester Medical Society, "On the Treatment of Hæmorrhage by Opium."

The peculiar description of fever often occurring after parturition, induced either by the difficulty of the process, or by other circumstances, as well as that which is known by the name of puerperal fever, are instances apparently requiring similar caution in the use of aperients.

The fever which supervenes upon some other severe disease will come under the same view. Cholera may be mentioned as an instance. Many patients passed through those symptoms, considered indicative of cholera, and sunk some days, or, even weeks afterwards, from fever.

I merely cursorily allude to these circumstances, to attract attention to the probable extensive application of the principles I have advocated in the present short communication in which I have attempted to condense such a notice of the subject as might induce some of the members of the Association to give a fair consideration to the method of treatment described.

I have endeavoured to show in the foregoing observations—

1st. That the alteration which occurs in some of the most important functions of the system, during fever, is to be considered as remedial.

2ndly. That a torpid state of the bowels, in the low stage of fever, is the effect of some of these remedial alterations of functions.

And 3rdly. That aperient medicines are generally

* Read before the Manchester Medical Society, Nov. 7, 1840.

contra-indicated, in consequence of the exhaustion they are calculated to induce in the peculiar condition of the digestive and assimilative organs which exists during fever.

ON THE DIAGNOSIS OF INCIPIENT TUBERCULIZATION OF THE LUNGS.

By W. H. RANKING, M.D., Cantab., Physician to the Suffolk General Hospital, Bury St. Edmunds.

The annals of medicine supply us with a few cases in which phthisis pulmonalis, in its advanced stages, has yielded to remedial measures, and morbid anatomy still more frequently reveals appearances which are attributed to the presence and subsequent cure of tubercular deposit; few, nevertheless, will be disposed to question the assertion that these instances of the fortunate termination of the disease are so rare, as in no wise to affect the ancient and general conviction of its incurability when once fairly established. How imperative, therefore, does it become upon all who are anxious to aid in the endeavour to arrest the progress of a malady which forms so important an element in the mortality of this country, to study with increasing earnestness that period of its existence in which its germs are first deposited. For the detection of this phase of the disease, it is useless to place any dependence upon the evidence afforded by the outward symptoms; we must even throw aside those grosser notions of auscultation which familiarity with the ordinary, and more evident physical signs of disease, is apt to engender. We must not be content to be stethoscopists, but must become *auscultators* in the true sense of the word; we must *listen with the mind* if we would appreciate the delicate and sometimes evanescent characters of the sounds by which we may hope to certify the commencement of pulmonary tuberculization. It is not to be disguised that a competent perception of the minute shades of difference in the respiratory sounds, upon which the physical diagnosis of incipient phthisis is founded, is a matter of difficulty, even under the most favourable circumstances. Many will fail altogether in acquiring the necessary auscultatory tact, for that which is called in music a *fine ear*, or, in other words, the faculty of discriminating between delicate gradations of *intonation*, is not conferred on all alike. Much of the difficulty, however, may be removed by a closer attention to the phenomena of healthy respiration than is usually accorded to them, more especially in reference to the existence of a duplex murmur, since the earliest evidences of the presence of tubercular deposit are derived from certain minute alterations in one or both parts of the respiratory act.

Tubercular disease of the lungs first appears under the form of small rounded masses, dispersed through the upper lobes, the circumjacent tissue in general remaining perfectly healthy. This deposit may consist solely of the miliary granulations described by Laennec, or, as is more commonly the case, a few crude tubercles, as they are called, are intermingled. The progress of the disease induces a more abundant deposit; the previously existing granulations, at the same time, becoming of a yellow colour, until the

upper portion of one or both lungs is crowded with tubercular masses of a cheesy consistence, and which exhibit a tendency to undergo the process of softening. This series of change constitutes the incipient stage of the disease, the diagnosis of which is the subject of the present paper. It may be mentioned that, towards the close of this stage, the bronchial tubes put on the appearances of irritation, and the surface of the lung is frequently occupied at intervals by emphysematous air-cells.

The symptom which, in the majority of instances, is first produced by this condition of the organ, is cough; at first, occasional and dry, afterwards, more frequent, and accompanied by expectoration. With the cough, and sometimes preceding it, the breathing is noticed to be slightly accelerated, especially on exertion. Pains are also occasionally felt at the summit of the sternum, or between the scapulæ. The first stage of phthisis is also occasionally ushered in under the mask of acute bronchitis, or is first announced by the occurrence of hæmoptysis. In the former case, the symptoms succeed each other with great rapidity, whence the disease has been termed acute phthisis; in the latter, hæmoptysis, either slight or copious, precedes both the cough and dyspnoea.

Such are the symptoms of the first period of a disease which, if not at this time recognised, almost inevitably tends to a fatal termination. We will now enquire into the diagnostic value of each, and first of cough.

Cough is a symptom depending upon irritation of the mucous membrane of the bronchial tubes and air cells, and may be caused by many different deranged conditions both of function and organism. As a symptom, therefore, of phthisis, its diagnostic value is very little. The points which are to be noticed as appertaining to the tubercular cough are these:—It comes on frequently without evident cause; one or more months may elapse without expectoration; and it is usually at first troublesome only in the morning. The coughs which are likely to be confounded with it are that produced by simple bronchitis, and those which depend upon sympathetic disturbance. The catarrhal cough is thus distinguished, it can usually be traced to some evident cause, as exposure to damp and cold, and it is more quickly accompanied by expectoration, which in a few days becomes muco-purulent.

Among the sympathetic coughs which may be confounded with the phthisical, may be mentioned that which depends upon gastric irritation, reflected upon the pulmonary plexus of nerves. This species of cough is, however, louder, and more harsh than that of consumption; it comes on in paroxysms, and frequently causes vomiting by its violence. There is in general no expectoration, or the sputa, if there be any, consist of the secretions of the fauces.

The nervous cough of hysteria, prior to the introduction of auscultation, was a fruitful source of alarm; in the present day it can scarcely be confounded with that depending upon disease of the lungs.

Expectoration.—The expectoration of the earliest period of phthisis affords no information. Prior to the softening of the tubercles, when the tubercular materies may be seen in the sputa, the expectoration consists solely of the mucous secretion of the tubes and air-cells, and therefore in no way differs from that

produced by other irritations of the same structures. The principal difference between the two is to be found in the fact that, in incipient phthisis the expectoration retains its transparency for a longer time than in bronchitis, in which disease a few days suffice to induce the change from simple mucus, to muco-pus.

Dyspnœa, Hæmoptysis.—Dyspnœa and pain in the chest are even less characteristic than the cough of phthisis, and therefore need not detain us. Not so, however, hæmoptysis; this symptom is one of the greatest diagnostic value in the commencement of tubercular disease, as is most forcibly pointed out in M. Louis' admirable treatise.* According to him it was present in two thirds of the cases of phthisis which he examined, while, on the other hand, out of 1200 cases of different diseases, exclusive of amenorrhœa, or injury from violence, not one experienced hæmoptysis which did not in the end prove to be phthisical. Are we then, in any given case of hæmoptysis, to suspect tubercles? I believe that by so doing we may sometimes be wrong, but generally right. Personal experience at least has so far convinced me of the fatality of the symptom, and the correctness of Louis' deductions, that without knowing the circumstances, the fact of hæmoptysis would lead me in all cases to pronounce unfavourably. But there are, doubtless, cases (by far the minority) in which the symptom is not one of such fearful import. The extenuating circumstances upon which I am in the habit of confiding are these:—1. The appearance of the ejected blood. If this is very abundant, a pint or more, or consists of rounded clots, dark and not spumous, the suspicion of tubercles diminishes. 2. The finding of other evident cause for the hæmoptysis, in the physical state of the lung, as, for instance, the existence of apoplectic engorgement in the lower tube: and, 3d. The presence of sufficient cause in the state of the heart, as contraction of the mitral valve, with or without hypertrophy of the right ventricle. A probability of the spitting of blood not being caused by tubercles, is also afforded by its recurrence at stated periods corresponding to the suspension of menstrual or hæmorrhoidal discharges. Setting aside these instances, and the rare and obvious case of mechanical injury, I know of none in which I should not hesitate to pronounce the prospect of phthisis distinct.

Pulse.—Under this head may be considered that condition of the system which is called hectic fever. This fever is not generally developed until the period of softening, but in about one-fifth of M. Louis' cases it appeared with the earliest symptoms. The most minute researches on the pulse in phthisis pulmonalis are those by Professor Guy.† He has elicited the curious fact that in this disease posture has little or no effect on the frequency of the pulse. His conclusions are as follows:—

“1st. In cases of phthisis pulmonalis, the frequency of the pulse varies within wide limits, the difference between the extremes amounting to 90 beats.

“2d. In the same individual the frequency of the pulse undergoes remarkable fluctuations, passing in a few days through a range of 60 beats.

“3d. In five out of six cases the frequency of the

pulse in phthisis exceeds the highest frequency observed in health.

“4th. *The maximum difference between standing and sitting in all cases of phthisis falls short of the mean difference in health.*

“5th. *The mean difference in health is six times as great as the mean in phthisis.*”

I have thus endeavoured to give a brief view of the degree to which we may be assisted in the diagnosis of incipient phthisis by a comparison of the symptoms alone. Of the pulse I am not able to speak from personal experience; if further observations confirm those of Dr. Guy, he will have established a valuable auxiliary in the diagnosis of tubercle. Hæmoptysis, it would seem, is of fearful augury, whether it occur first or subsequently in the order of symptoms. The probability of the presence of tubercles is much strengthened if the spitting of blood be moderate in quantity, if it be florid and spumous, if it occur more than once, or between the ages of 15 and 30; excepting in females, in whom it may be supplementary of menstruation. If the hæmoptysis be followed by cough, which at first occurs at intervals, but afterwards becomes permanent and accompanied by expectoration, the hazard is still further increased, and if such a series of symptoms occur in a person of scrofulous habit, with hereditary tendency to phthisis, the diagnosis of the incipient stage of the disease is rendered as distinct as it can be without the aid of physical investigation.

It will, however, be readily conceded that a diagnosis founded upon the rational symptoms alone will, in many cases, prove erroneous. The same train of symptoms, with the exception of hæmoptysis, may be caused by bronchitis; and the similarity to phthisis increases as the disease becomes chronic. Cough, expectoration, night sweats, and emaciation, may be produced by long-continued dyspepsia, by invagination, by sexual abuse, and in females, by prolonged lactation, and uterine disease, accompanied by weakening discharges. Such cases have over and over again been mistaken for incipient phthisis, and, doubtless, form many of the vaunted cures which ignorance on the one hand, and knavery on the other, force on our notice in the present day.

In auscultation, however, and its auxiliaries, percussion and inspection, we have the means, when fully understood, of arriving at an accuracy of diagnosis which, even a few years back, would have been deemed impossible. Many have been the fellow labourers to whom this desirable advance in our knowledge is to be attributed; but to M. Fournet, more than any other, is due the merit of having, in the clearest manner, placed before us the character of the changes induced in the respiratory phenomena, by the early commencement of tubercular deposit. Before, however, I proceed to notice at length the valuable observations of this author, I shall mention the other aids to physical diagnosis, and first—

Inspection.—This method, although inferior both to auscultation and percussion, in the information which it affords in the earliest period of phthisis pulmonalis, is, nevertheless, capable of supplying some valuable results. It can scarcely be necessary to state that none of the signs, either of the incipient or advanced stages of the disease, are infallible; their value essentially

* Sur la Phthisie: Paris.

† Guy's Hospital Reports, 1839.

depends on the locality and the succession of their appearance, taken in connection with well ascertained facts, relative to the origin and progress of pulmonary tubercle. To exemplify my meaning, the dull sound on percussion, produced by consolidation of the lung, is of the same character in whatever part of the lung it is observed; but the diagnosis, derived from its occurrence in the upper lobes, would be widely different from that indicated by its presence in the lower. But to return to inspection, as a means of the diagnosis of incipient phthisis:—In a healthy and well-formed subject, the upper part of the chest should be smooth and rounded, and, excepting in very thin persons, no hollow should exist beneath the clavicles. The expansion on both sides, during respiration, should be regular and equal. In phthisis pulmonalis, certain changes are induced in all these respects. The first thing to be observed, according to the experience of Dr. Stokes, is a want of equality in the expansion of the two subclavicular regions. Dr. Hughes* has likewise noticed the same fact, and believes that it precedes, for a considerable time, any flattening in the same regions, or any change in the resonance on percussion. The falling in of these spaces, however, soon follows, unless there should be a great amount of emphysema conjoined with the tubercular deposit, in which case the tendency to contraction is counteracted by the dilated air-cells. To form a correct judgment of the extent to which flattening has taken place, a piece of tape, as recommended by Woillez,† should be stretched from the nipple to the clavicle. In a healthily formed chest, the tape should be in contact with the skin throughout.

Auscultation.—The next branch of physical investigation—auscultation—is of far greater importance than the former; and will, therefore, require to be noticed more at length. The stethoscopic signs of incipient tubercularization of the lungs, have always been considered of so delicate a character, as scarcely to be distinguished from those produced in the healthy lung, except by a nicely educated ear. There is, beyond all doubt, much foundation for such an opinion; but, as has before been said, the difficulty has arisen from ignorance of, or want of attention to, the double nature of the respiratory act. That this act, instead of giving rise to a single sound, as taught by Laennec, is in reality a compound phenomenon, consisting of two sounds of unequal intensity, is now generally admitted. The normal character of each of these murmurs is a soft breezy sound, leaving on the ear the sensation of gradual and equable expansion. Fournet‡ has given us a scale by which we may measure the relative intensities and duration of the two sounds. The due appreciation of this relation is of great consequence in the diagnosis of incipient tubercular deposit, as the minute shades of the disease are only in the first instance to be detected by correspondingly minute disturbances in such relation.

The same softness characterises the expiratory sound, but its intensity is so slight, that it is inaudible in a healthy lung without considerable attention. The reality of the existence of this murmur was first

observed by Dr. Jackson,* an American physician, and soon after by Louis and Audral. In this country Dr. Cowan was the author of a separate treatise upon the subject, as far back as the year 1835. Fournet has represented the intensity and duration of the inspiratory murmur at ten, that of the expiratory sound at two, or one-fifth of the former.

The natural respiration gives rise to sounds of different qualities, according to the portion of the pulmonary apparatus in which they originate. Auscultators generally divide the respiration into the vesicular, the bronchial, the tracheal, and laryngeal.

The vesicular form is that which is produced in the vesicular tissue of the lungs, and is heard wherever this tissue exists, but in its greatest purity in the antero-superior portions of the chest.

The bronchial respiration, as its name indicates, originates in the bronchial tubes, and as it becomes, when a morbid phenomenon, a most important element in the diagnosis of tubercular deposit, it is of great consequence to be acquainted with its normal character and situation. Its character is that of greater intensity than exists in the vesicular sound, and there is less disproportion between the murmurs of expiration and inspiration; it holds, in fact, in this respect, the mean between the vesicular and tracheal respiration, in which latter the two murmurs are of nearly equal duration. It is heard in its normal state wherever the larger bronchial tubes are situated near the surface, and uncovered by vesicular tissue, and is, therefore, most perceptible at the root of the lungs. Fournet limits it to this spot. Dr. Williams, on the contrary, affirms, that over the space of two or three inches on each side of the summit of the sternum, and sometimes in the axillæ, the respiration is naturally bronchial. I am inclined, after careful consideration of the point, to agree with Fournet, for if that opinion be not correct, what becomes of the value of bronchial respiration as indicative of solidification of the lung, for the “two inches” mentioned include a portion of the apex of the organ, and the part most early affected by tubercle?

The tracheal and laryngeal forms of respiration need not detain us, since they, as morbid phenomena, are heard only in the latter stages of phthisis, and are, therefore, unconnected with the immediate object of this paper.

* Vide Review of M. Fournet's Work.—*British and Foreign Medical Review*, No. 18.

(To be concluded in our next.)

INFLAMMATION OF THE UTERUS DURING THE PREVALENCE OF PUERPERAL FEVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The two following cases occurred during the prevalence of puerperal fever in this neighbourhood. They may have had an origin which was quite independent of contagion, but if they were the result of it, as I am disposed to believe, they may possess some degree of interest. I will relate the circumstances attending

* Guy's Hospital Reports.

† *British and Foreign Medical Review*, No. 18.

‡ *Clinical Researches*; translated by Brady.

them, and leave it to others to form their own opinion on the subject, if you should think them worth inserting in your Journal.

I remain, Sir,

Your obedient servant,

W. HENCHMAN CROWFOOT.

Beccles, April, 1844.

Mrs. S., middle aged, and married, applied to me in the beginning of last August for the removal of a large polypus uteri. She had suffered materially in her health from profuse and repeated hæmorrhages, and had a very pallid and sickly aspect. This lady had been under the care of a very respectable and experienced practitioner, who suspected the existence of serious uterine disease, and had declined to operate. As I could detect no other morbid structure than the polypus, a ligature was applied to its pedicle on the 17th of August, and tightened every day until the 20th, when the polypus was removed, without the slightest local or constitutional irritation having been suffered by the patient. All discharge had ceased at the end of eight days, and, as far as the operation was concerned, the patient appeared to be quite well, when, as I was anxious to satisfy both myself and my patient that no other disease of the womb existed, I made a careful, but gentle examination, per vaginam, and had the satisfaction to find the os and cervix uteri in a perfectly healthy condition. It happened that, two days previously, I had been engaged in a *post mortem* inspection of a fatal case of puerperal fever, and that I was still in attendance on other cases. In just 48 hours from the time of the examination, I had the mortification to find my patient attacked by a severe rigor, followed by pain and tenderness in the region of the uterus, and particularly in the left iliac fossa, heat of skin, small and very rapid pulse, tumid abdomen, and great prostration of strength, in short, with symptoms which indicated a formidable metritis, and which remarkably resembled those which I had so recently witnessed in several cases of puerperal fever.

Notwithstanding the reduced state of the patient, from previous hæmorrhages, she was bled from the arm, to faintness, twice in the first 24 hours, leeches were applied to the verge of the anus, the bowels were freely purged by calomel and senna mixture, and warm stupes were applied over the body. These remedies were followed by doses of calomel and opium, with saline effervescent draughts. The disease gradually yielded to the treatment, and in a few days the patient was in a state of safety, but I could not help reproaching myself as having been the possible cause of her danger and suffering.

If the above case were an instance of the power of the poison of puerperal fever to produce a similar train of symptoms in a non-parturient female, the following one would tend to confirm the opinions that the disease itself may be occasioned by a poison generated by erythematous inflammation, unconnected with child-birth.

A nurse, who had been in attendance on a case of diffuse cellular inflammation, which had proved fatal in five days, was called, before the death of the patient, to Mrs. W. in her accouchement. Mrs. W., who was

the mother of several children, had a somewhat lingering, but easy labour, and went on remarkably well till the fifth day, when she had a severe attack of fever, preceded by a violent shivering fit, and attended by acute pain in the back and over the pubes, great tenderness on pressure over the uterus, and in each iliac region, a hot skin, dry tongue, sickness, and great prostration of strength; the pulse however, did not exceed a hundred beats in the minute, in the first instance, and never much exceeded 120 during the course of the disease. The patient was immediately bled to faintness, and leeches were applied to the anus, and to each iliac fossa, warm stupes to the abdomen, and the bowels were purged by calomel, &c. The symptoms were much mitigated by this treatment, but the disease was not subdued, and it was necessary to have recourse repeatedly to the leeching, in spite of the threatenings of typhoid symptoms, as well as to the use of calomel and opium. As the inflammation subsided in the womb, it attacked the right iliac and crural vein, occasioning great swelling of the limb. The patient had a tedious recovery.

I have just read the review of Dr. Lee's Lectures in the last number of the journal, and leaving it to the Doctor to defend his pathology of puerperal fever against the criticism of your reviewer, I would only beg leave to observe that, whatever may be our speculations as to the part of the system, the nervous, the vascular, or the sanguineous, on which the first impression is made by the morbid poison,—whether we believe that the inflammation is produced by poisoned blood, or that the blood is poisoned by inflammation, my own experience convinces me that inflammation of some organ or tissue will be generally found to be so early, and so important a feature of the disease, as to claim the earnest attention of the practitioner, and his most strenuous efforts to subdue it, and that, if it cannot be checked, in limine, the patient will be almost sure to die.

CASE OF DISLOCATION ON THE DORSUM OF THE ILIUM, WITH FRACTURE OF THE FEMUR.

By T. O'CONNOR, Esq., M.R.C.S.

This complication must be rare, as I have not seen it noticed in any surgical work which I have read, neither have I witnessed it before. I shall, therefore, with your permission, give the history and treatment, with a few passing observations upon it. The subject, by trade a carpenter, was employed in repairing the machinery of a windmill, when he fell off the scaffold to a distance of ten or twelve feet on a cross-beam, which, passing between the thighs, threw the femur on the dorsum of the ilium; having still to descend a distance of fourteen feet to reach the ground, he was prostrated on some logs of wood, fracturing *obliquely* the femur, at the junction of the middle with the superior third. In addition to these accidents, I may here observe, he had compound fracture of the fibula, about three inches from the head of the bone.

To the opinion that *dislocation* preceded the *fracture* of the femur, I am inclined by the following circumstances:—the position in which he is said to have fallen on the cross-beam; the contused appearance of the

parts covering the tuberosity and ramus of the ischium and lower part of the groin; the ecchymosed state of the testicle of the affected side. The three latter circumstances, taken in connection with the first, are conclusive evidence to my mind that dislocation occurred in the first part of the descent, and that having been thrown, either on his back or side, on the pieces of wood which lay on the ground, fracture then ensued. The limb was shortened full four inches; the glutei muscles were contracted and rigid, giving the appearance of a clenched fist beneath the integuments.

To reduce simple dislocation of the hip is an operation familiar to every mechanical surgeon, but this was a complication so formidable that I will not affect to conceal my despair of success before I commenced the attempt at reduction. An extraordinary degree of extensive force must be employed to overcome the rigid state of contraction assumed by the muscles surrounding the hip, under their *novel state* of emancipation, from their natural antagonist, the femur; or an equivalent to extraordinary extension must be substituted. As severe extension was here impracticable from the impediment offered by the fracture, pressure afforded the only chance of subduing muscular action; and with this view, a leather strap was passed tightly round the limb, over the insertion of the *psaos magnus* and *iliacus internus*, and above and around the trochanter major, and of course through the cleft of the nates, and finally connected to a roller, which surrounded the pelvis. This contrivance commanded the muscles about the hip, including the rotators, outwards, leaving the vasti free; which, being in a state of active spasm, favoured the intention by affording resistance sufficient to bring down the head of the femur by the time the fracture was reduced. In consequence of the great obliquity of the fracture, I was obliged to employ M'Intire's splint, to keep up extension, although I believe, in fractures of the upper third, the double inclined plane is generally preferred; the fracture of the fibula, treated on the ordinary principles, terminated favourably in three weeks or a month. The patient is now recovered, if I except a shortening of the limb, to the extent of half an inch. Such is the history and such the treatment of this case; if a similar one has already occurred in practice, or appeared in print, I am not aware of it.

March, Cambridgshire, March 28, 1844.

[The above, as the author correctly observes, is a rare complication. A case of a similar nature is recorded in Fergusson's Practical Surgery, but the fracture was in the lower third of the femur. The dislocation, however, was not discovered for some considerable time, and the attempt at reduction proved futile.]

EFFECTS OF ERGOT IN PRODUCING ABORTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the interesting trial relative to the production of abortion, related by Dr. Shapter, of Exeter, in your

number for April 10th, 1844, I was greatly surprised at the following expression of his opinion:—"I do not think ergot of rye would act unless natural action had commenced."

Having been engaged for more than twelve years in that arduous portion of our profession, midwifery, and since, during that time, no less, on an average, than from 20 to 30 cases of labour have been attended by myself during each month of the period already alluded to, I have had, I conceive, sufficient opportunities for inquiry into the action of so potent and specific an agent as the ergot of rye upon the impregnated uterus. Several cases of premature labour have been produced in my own practice at the sixth and seventh month of utero-gestation, by the administration of this agent alone. With every feeling of respect towards Dr. Shapter, I beg most distinctly to affirm my thorough conviction in the power the ergot of rye possesses in producing uterine action; and it has that power, provided the ergot is good, in an equal degree, to that of reproducing uterine action when it has been once established. I must further unhesitatingly state, that the ergot of rye possesses the power of producing abortion, though doubts might be entertained that it had not that specific action ascribed to it by many writers of the present day upon midwifery, if the opinion of so eminent an authority as Dr. Shapter were allowed to remain unquestioned.

Since writing the above, we have been favoured with the remaining portion of Dr. Shapter's paper, wherein he fully carries out the opinion entertained by some leading obstetricians of the present day. Dr. Shapter gives a condensed account of the action of the ergot of rye, as attested by men of eminence; yet, it appears, he rested his own opinion of the ergot of rye, as a non-producer of uterine action, unless that action had already commenced, on a single case. Such evidence will, to an ordinary reader, not be conclusive. I have before me numerous cases in which the ergot of rye was administered, for the purpose of producing a healthy action of the uterus, with success. In one case, in which hæmorrhage had been going on some time prior to its administration, after the lapse of two or three days a fleshy substance was expelled. This morbid production had given rise to passive hæmorrhage, unattended with uterine action, until excited by the ergot of rye, when the production alluded to was expelled; after which, the hæmorrhage ceased, and the patient rapidly regained her health and strength.

There can, as it appears to me, be only one opinion on the specific action of this drug; for, instead of plugging the uterus, administering lead and opium, acids, &c., in cases of uterine hæmorrhage, whether accompanied or not with uterine action, I invariably succeed in arresting the flow of blood by the timely, yet judicious, administration of the ergot of rye. Many practitioners differ with me in opinion on this point; I, however, still rest on my own experience, which continually adds new evidence of the justness of my views. I therefore repeat that ergot of rye never failed, in my hands, to produce the desired effect.

My mode of giving the ergot of rye does, I am well aware, differ from that of many of my professional brethren; for, instead of administering the ergot in large doses, I give small doses of the drug, say from two to three grains every three or four hours, or oftener,

according to the state of the patient, until uterine action is produced, evinced by pain in the bowels, &c.; thereby simulating, in my procedure, the manner in which nature would act, had not the powers of the system become enfeebled from the draining already sustained from the flow of blood continuing. The tissues of the body, when deprived of their natural stimuli, suffer enervation, which incapacitates them from throwing off the various intra-uterine products, to the great detriment of the patient; it is, in such cases, that the ergot manifests its wonderful powers over the functions of the uterus.

Labour, in general, commences gradually, the patient frequently suffering more or less pain for some hours previous to the action of the abdominal muscles being excited into those expulsive throes, sufficient to force the head of the child, after the os uteri is fully dilated, through the pelvic aperture. Should this salutary action be arrested from a want of energy in the uterus, and that organ be not fully dilated; the administration of a few grains (10 or 15) of the ergot of rye will produce the uterine action so as fully to dilate the os uteri; when in some cases, particularly if the patient be of a low or phlegmatic temperament, the uterine action becomes again suspended, and requires from half a drachm to two scruples of the ergot to be given, to arouse the uterus to complete its purpose in the animal economy.

I remain, Sir,

Yours most respectfully,

THOS. H. WARDLEWORTH.

Bury, May 3, 1844.

OPIUM IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have read in the second and third Numbers of the *Journal* the very judicious observations and cases of Mr. Dorrington, on the efficacy of "Opium as a remedy for the effects of Uterine Hæmorrhage." I have selected two cases from a stock containing many similar. They are intended to corroborate Mr. Dorrington's statement; and if you deem them of sufficient interest and importance, you will oblige me by inserting them in your next *Journal*.

CASE I.

On the 6th of October, 1843, I was requested to attend Mrs. B—, of Lane Tedad, who had that morning fallen into labour. I was informed that she had been working hard all the previous day, and that last night she was seized with shivering, followed at intervals by pains in the back and region of the uterus. At half-past seven this morning a great discharge of blood took place, and at nine, when I first saw her, a very large quantity had been lost. The countenance was pale, extremities cold, pulse quick and feeble. Blood still flowed from the vagina. The os uteri was soft and a little dilated, and the pains did not produce any sensible effect upon it. I immediately administered 60 or 70 drops of tincture of opium, and ruptured the membranes. After an hour, the coldness of the face and extremities had decreased, the pulse was firmer and stronger, the hæmorrhage disappeared, and the

pains ceased. In about four hours labour came on, without any hæmorrhage, and was concluded at half-past three p.m. The child died shortly after, but the mother recovered in the most favourable manner.

CASE II.

About 2 a.m. on the 28th of March, 1844, I was summoned to attend Mrs. R., in labour of her fourth child. The case proceeded naturally, and in about an hour the labour had terminated and the placenta was expelled. This, however, was speedily followed by a gush of blood, and in spite of all my endeavours, such as pressure upon the uterus, application of cold, &c. &c., the hæmorrhage increased. It was now evident from her pale countenance, cold extremities, tossing to and fro, syncope, &c., that unless relief could be afforded, she would sink under it. Accordingly, I gave her eighty drops of tincture of opium, and she had not taken the dose long, before better symptoms began to show themselves. The pulse, which was before imperceptible, commenced to beat slowly, the countenance improved, the extremities became warmer, and the hæmorrhage ceased. I was not long before I had the satisfaction of seeing my patient out of danger and in a convalescent state.

It is worthy of remark, that before I administered the tincture of opium I tried several very important means to promote contraction, but all apparently in vain, and that when I gave the opium the system began to rally and produced favourable results.

I am, Sir,

Yours respectfully,

JAMES THOMPSON, M.D.

Burnley, Lancashire, April 20, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 8, 1844.

There is an old and often discussed question respecting the comparative merits of the English and certain Foreign Medical Schools, which at this period, when continental novelties and continental authorities are so much in request, is not undeserving of consideration. Possibly we may on the one hand be inclined to think that everything foreign—everything that is not English—is over-rated, while on the other hand some of our continental friends may deem us to be years behind the rest of the civilized world. There is, unhappily, a national antipathy undermining and striking at the root of that social intercourse which should exist among all who are engaged in the same pursuits, and who have the same objects in view. Still the question recurs, are the continental schools so far before our own, the continental lecturers so highly gifted, the continental practice so superior, that we are to cast aside all that we have been accustomed to esteem, and to retrace our steps, and commence our course anew, by fol-

lowing in the wake of this or that lecturer, and adopting the views set forth in this or that school. Is a medical student educated in any one of these schools, for instance the Parisian, likely to prove, *cæteris paribus*, a better practitioner than one educated in London, Edinburgh, Dublin, or our own provincial schools? We think not. At least he is not better qualified for practice from what he may have learned to do, though he may perhaps be benefitted, if previously taught to observe, by what he may have learned not to do. To instance, the surgery of the French Hospitals; he will find that the surgical practice of France is essentially different from that of England. The heaps of dressings, after operations, which our continental brethren still retain, we have discarded. We are content with a single piece of lint dipped in cold water, and the efforts of almost unaided nature; a few stitches bring the divided parts together, a simple dressing of lint and cold water is then applied, and the rest is left to the natural processes of the living organism. In a day or two the stitches are removed, and in a fortnight or three weeks at the outside, the wound is perfectly healed. Contrast this simple and effective treatment with the following case, which recently occurred at one of the Paris Hospitals.

A boy, about 15 years of age, had his leg removed above the knee (the circular operation) by an eminent French surgeon. As far as the operation was concerned nothing could have been performed better. A roller was afterwards *very tightly* applied to the thigh; the edges of the wound were brought together by long strips of adhesive plaster; a large piece of lint, upon which was spread a yellow unguent, was then wrapped round the stump; over this were applied several pieces of linen rag, each of which was folded two or three times; next came a large quantity of cotton; and lastly, a long roller tightly confined the whole. The boy passed a sleepless night, and suffered great pain. The next day he was very feverish, and the tongue was much furred; saline draughts were ordered, and a clyster was administered; pain in the stump very severe; the bandages, however, were not loosened. On the second day the boy was much worse; had been delirious during the night; the pulse rapid, countenance anxious; vomiting; pain in the stump more violent than ever. The surgeon now thought it advisable to dress the wound; the bandage was taken off, by which the poor boy was relieved. The dressings were all successively removed, when the union of the divided edges gave way at one end, and deluged the bystanders with pus. The expression of the patient's countenance immediately afterwards cannot be forgotten: he appeared in heaven. A small catheter was now introduced into the wound to give an exit to matter at the other part of the

stump. For two or three days the boy was suspended between life and death, but he eventually recovered. No comments are necessary on this case; it speaks sufficiently for itself. It was clearly the *after-treatment* which thus endangered the patient; and yet the practice followed by the French surgeons is ever the same. They *must* heap their dressings on, and disturb the processes of nature. What would be said of a surgeon who did this in London? What *ought* to be said of a surgeon, and an eminent one too, who does it in Paris?

With regard to the French *Medical* practice, the leading feature appears to be, that there is too much science and too little art. Undoubtedly the former is the best and surest foundation for the latter; but it may be carried to an extreme, and life may be sacrificed in order to determine some scientific point. This is a charge which has been often brought against French physicians, and one which appears to be but too well founded. Human life with us is too precious to be sacrificed at the shrine of wanton curiosity.

But we must not forget to award to our Gallic neighbours their due mead of praise, to give them, as fair and honourable competitors, that distinction which they can preeminently claim, of having brought the diagnosis of disease to great perfection. There are few English practitioners who can investigate a case with the rapidity, and form a correct opinion of the malady before them with the certainty of a French physician. Yet, of what use is this superiority in diagnosis, if they cannot sustain their character in the treatment?

While we are willing, therefore, to learn from them precision and certainty in diagnosis, and from others of our continental brethren, those branches of medical science and practice in which they excel, we will not undervalue the labours or detract from the merits of our own countrymen, many of whom, in either branch of the profession, are entitled to take rank as scientific men with the highest names on the continent, and in practice, are far beyond them.

ON CRIMINAL ABORTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Doctor Shapter, in the summing up of his paper on "Intent to procure Abortion," in the 3rd number of the new series of the *Provincial Medical and Surgical Journal*, lays down the following as an axiom:—*That savin has no direct influence, administered as a drug, in producing abortion.* In common with many other practitioners, I think a statement thus extensively circulated, and coming from such an authority as Dr. Shapter, ought to be received with great caution, since it is likely to mislead many, who, in strictly relying upon it as a fact, would be compelled to own,

some time or other, that in pinning their faith to it, they had committed an egregious error.

It has been long popularly credited that there are medical agents, capable of inducing the uterus to expel its contents, when in an impregnated state, more especially in the early months; and I am myself so convinced that such is really *possible*, that were it absolutely necessary to cause abortion in a pregnant woman, I have but little hesitation in saying, I could produce it by the aid of a drug. Dr. Shapter, I trust, will not mistake me, when I thus appear to come forward empirically. I dissent from his opinion, and believe that he commits an error. As facts are stubborn things, and upon these I ground my reasons of non-concurrence to the Doctor's statement, I will, without minutely entering into each case, briefly mention what has fallen under my own knowledge. Within the period of eighteen months I have attended three young unmarried females. They were not considered seriously ill, but their melancholy depression of spirits and general debility, had given rise to some uneasiness and alarm on the part of their parents. Each of them, when closely interrogated, confessed to having been enceinte, and rather than risk the disgrace of giving birth to a living child, had had recourse to "herbs," which in two cases, their seducers had administered to them, in the other, an old midwife, and which had caused abortion in each, at or about the third month. These are not solitary cases, but I believe they are constantly occurring, and rather on the increase than otherwise, and however startling to some it may appear, I fear it is too true, that the *law of the land* holds out strong temptations for the commission of a crime so revolting and utterly at variance to nature's dictates; for can we feel surprised, as in the case of a girl who has yielded to her seducer, rather than be immured probably a life-time in the dreaded union house, she should stifle her better feelings and consent to rid herself of a burthen, when this can be effected simply by taking drugs, which she has no idea may prove injurious to her constitution. I will not prolong this note to a greater extent; others may feel desirous of giving their opinions, and

I am, Sir,

Your most obedient Servant,
INVESTIGATOR.

April 20, 1844.

ANONYMOUS CORRESPONDENTS OF THE LANCET.

In justice to the editor of a weekly contemporary, we are bound to state that he asserts that the forged letter from Nottingham, against the Provincial Medical Association, was directed from Nottingham *by mistake*, and that he had positively received at least fifty more letters, more severe, on the same subject. It is strange that fifty-one letters should be sent so opportunely; and still stranger, that the one *selected* should turn out an imposture. Of course, no one will suppose the worthy editor so much to forget the gentleman, and play the vile person, as to assert by wholesale, and in a way so palpable, that *which is not*; but this certainly is somewhat of the marvellous. There can be no doubt after the *exposé* from Nottingham, that it was a great "mistake" to date the letter from there.—*Medical Times*.

MR. NEWNHAM'S CASE OF MALIGNANT DISEASE OF THE SHOULDER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have perused with much interest, the case detailed by Mr. Newnham in your Journal of the 3d instant; the feeling of interest being probably increased by my having a dear relative suffering at the present time from disease of the shoulder, equally sudden in its access, though I trust not equally malignant in its character. But the question of fracture or non-fracture, reminds me forcibly of the Chameleon, and induces me for once "to find a tongue," and say, "they both are right and both are wrong."

I have not the pleasure of a personal acquaintance with Mr. Newnham, but I know him by reputation, and *that* is quite a sufficient guarantee for his diagnosis being correct. It seems also that the judgment of the London surgeons is beyond suspicion. How then can this discrepancy of opinions be reconciled? Simply by taking a hint from the Chameleon, and looking at the *relative times* when the inspection of this case took place. Upon a careful perusal of the case, I cannot doubt that malignant disease of the bone existed when Mr. Newnham was first consulted; and if we look at the awfully rapid progress of the disease afterwards, it surely is not incredible, that between May and August, the disease had so far advanced as to have destroyed the continuity of the bone, and produced the fracture which was then discovered.

If this view of the subject be correct, it solves every difficulty, and, I trust, will allay every unpleasant feeling in the minds of the medical attendants, and soothe the breast of the afflicted parent. I will close these remarks with a case which I consider in point. An aged relative of my own, had undergone the operation for scirrhus breast, at the age of 65. The operation proved so successful, that for ten years afterwards she enjoyed perfect health; but at the time I speak of, ulceration of the old cicatrix had just taken place, and she was also suffering from pain in the hip, which was treated as sciatica. In merely walking from her sofa to the dinner table she complained of sudden pain in the hip, and exclaimed that her thigh was broken. She was placed upon her sofa, her medical attendant was summoned, and an express was sent for me. In his note to me the surgeon said "he should really have thought there was a fracture, had not the circumstances seemed to render it impossible." But it was not impossible; when I arrived, retraction and eversion had taken place, and a fracture of the cervix femoris was evident beyond all doubt. She lived two years after this, and died of cancer of the breast. This case shews the insidious manner in which cancerous disease destroys the continuity of bone.

In conclusion, Sir, you have expressed a wish to receive original communications from the Members of our Profession. Few men can look back upon a long practice without recalling cases deeply interesting to themselves, and perhaps useful to the profession. If you can put up with my plain and homely style of writing, I shall be happy occasionally to send you a

few "rough notes," but as the relation of successful cases, which is so agreeable to ourselves, seems to my mind rather like an *advertising puff*, I shall, with your permission, (having given you my real name and address,) veil my communications under the borrowed name of

April 6, 1844.

"SENEX."

CASE OF SALIVARY CALCULUS.

By J. WATMOUGH, M.D.

On the 21st of October, 1843, I was requested to visit Mr. B—, in a neighbouring village, and found the glands of the throat and face much enlarged and inflamed, the submaxillary and sublingual in particular; the tongue was also swelled, and under it two nipple-like eminences, of a bright red appearance, were very prominent and painful. The patient was placed under strictly antiphlogistic treatment, leeches and fomentations were used, and on the following morning all the severe symptoms had subsided. He now informed me that early in the morning a stone had jumped into his mouth from under the tongue, which proved to be a salivary calculus then weighing six or seven grains, and had been ejected from one of the Vivonian ducts, which was still much dilated, and corresponded to the shape of the deposit. From this time the swelling and irritation in the glands, &c., disappeared, and he has since had neither sore throat nor pain of face, which he had been seldom free from for a considerable time previously.

The calculus resembles in colour Dr. Prout's admirable representations of the oxalate of lime series of calculi, and is pear-shaped.

Although the case occurred on the Yorkshire Wolds, where strata of limestone abound, and consequently the water is much impregnated with salts of lime, yet I do not think one case proves that such causes alone produced it.

Pocklington, Yorkshire, April 4, 1844.

VACCINATION UNDER THE POOR-LAW.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

We think it may be of service to the majority of the members of the Provincial Medical Association, as well as to the Medical Officers of the Ely Union, that a statement should appear in your next number of the names of the several Unions, in which a sum of *not less* than 2s. 6d. has been sanctioned by the Poor-Law Commissioners to be paid for each successful case of Vaccination, either at a *home-station* or otherwise.

The Medical Officers of the Ely Union have been offered 2s. per case for vaccinating at a home-station, and 2s. 6d. in parishes at a distance.

Well knowing the difficulty of getting persons to attend a *second time* for the purpose of *inspection*, we are unwilling to take a less sum than 2s. 6d. in all cases, but we have been met by a statement that in no Union has the sum of 2s. 6d. been sanctioned for general adoption.

If you will do us the favor to insert this in your next, and the substance of any replies which you may receive on the subject in the succeeding numbers of the Journal,

You will oblige, Sir,

Your most obedient servants,

ROBERT STEVENS.

GEORGE COLE.

WILLIAM JONES.

Ely, May 3, 1844.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, April 26, 1844:—J. P. McDonald; J. T. Mosgrove; W. H. Benson; H. E. F. Shaw; B. S. Browne; R. U. Coe; R. King; H. F. Dakers.

Friday, May 3rd, 1844:—D. W. Eaton; R. Gosset; J. S. Balley; J. H. M'Greal; J. Skelding; J. H. Haddock; S. B. C. Barrett; H. Vevers; J. M'Whinnie; T. S. Howell; C. Black.

TO CORRESPONDENTS.

In consequence of an irregularity in the delivery of the stamped paper, a portion of the last week's impression was forwarded unstamped, due notice having been previously given both to the Stamp-office and Post-office. From some recent alterations it would seem, that the Post-office authorities will no longer allow of an arrangement which has been repeatedly acted upon under similar circumstances. The postage has accordingly been charged to the great annoyance of the publishers, and inconvenience of those gentlemen to whom the unstamped copies were sent. We have to express our regret at the occurrence, and to state that the Publishers will do all in their power to remedy the mistake.

Communications have been received from Mr. J. Law; Ambidexter; Dr. Bell Fletcher; Mr. C. Hawkins; Q. Q.; and from Newcastle-upon-Tyne.

The Report of the Proceedings of the Birmingham Pathological Society will appear next week. Mr. Druitt's reply to the observations of Dr. Arnold is in type, but has been unavoidably postponed until the succeeding number.

We beg to direct attention to the letter of the Medical Officers of the Ely Union, on the Contracts for Vaccination under the Poor Law, and shall be glad of any information on the subject.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SHEFFIELD MEDICAL SOCIETY.

Summary of the Scientific Transactions of the Session, beginning October 6, 1842, and ending April 20, 1843. By J. LAW, Esq., Member of the Faculty of Physicians and Surgeons, Glasgow.

Reviews of the past sessions of scientific societies are allied to valedictory addresses; and in the preparation of them, the judicious omission of objectionable matter is not less difficult than a wise selection of suitable materials. Addressed to the members collectively and individually, and presenting, in a condensed form, abstracts of their sessional transactions, these documents require very delicate management. When the greatest pains are taken to please, offence may easily be given; and even the smooth language of panegyric, merited or unmerited, is not always acceptable. In the present instance, the difficulty is not diminished by the presence of those whose names occur in the retrospect; for it is a trite observation, that to praise a man in his own hearing, without making him feel uneasy, demands good taste, sound judgment, and tact, the result of experience.

Deficient in these essentials to a satisfactory performance of his task, what shall the writer do? He was desirous your annual summary should possess the value and authority to be derived only from large experience and superior talents; but the decision of your President having prevented the gratification of this desire, the Secretary sees no way of escaping from a duty, to which he now proceeds with many misgivings, relieved only by the conviction that your kind partiality will exceed the defects of his performance.

The Society has held fourteen meetings in this hall, during the present session. Over the reports of the transactions of these meetings, personal feeling has had no control: they have been framed under the influence of a sincere desire to do justice to all, by a fair and impartial epitome. If, in any instance, what ought to have been forgotten, has been preserved; if, in any instance, an unusually valuable observation has not received a local habitation, still the intention of your Secretary was right, either his judgment or his memory defective. "*Fiat justitia ruat cælum.*" This sentiment has

been his guide in the discharge of his ordinary duties, in connection with your Society; and he will follow it steadily in the performance of this, his last act under an appointment, from which he will retire with the conviction that he has acted fairly towards those who placed him in office.

The history of the past furnishes gratifying anticipation for the future; indeed, you could not reasonably have expected better things than you have realized already. There have been only three meetings this session, at which some interesting morbid specimen was not laid before you, and generally several were exhibited on the same occasion. No difficulty has been encountered in obtaining papers; and when the numerous demands made on the time of medical practitioners are considered, it is, you will allow, a suitable theme for congratulation, that the Society has been only once disappointed by the unavoidable absence of the gentleman, by whom the paper for the evening should have been read; and even on this occasion, the members were engaged in a very interesting medical conversation until their usual hour of separation. The discussions, in some instances sufficiently spirited, and always instructive, have been conducted in a spirit of courtesy and gentlemanly forbearance; and have never been very perceptibly interrupted by personal allusions or invidious remarks. This is a gratifying fact. Good feeling is necessary to permanent prosperity; it is a bond of union, without which your institution must presently fall to pieces. "*Concordiâ parvæ res crescunt, discordiâ maximæ dilabuntur.*"

Assuredly the unavoidable annoyances of medical practice leave the mind little disposed to listen to the language of recrimination. The anxious engagements of the day destroy all taste for the uneasy excitement of harsh disputation in the evening. According to your rules, *friendly* conversation on professional subjects is the primary object for which the Society was formed; and recollecting that it now consists of thirty-four members, it is delightful to know that this object has never been neglected. Instruments of many strings are apt to get out of tune; and, how masterly soever the performers, their music is never entirely perfect. At these meetings the concord has been as near perfection as could reasonably be desired.

If, now and then, two discordant strings were touched by the finger of chance, their transient and scarcely audible vibrations have served only to relieve the pure harmony of mutual forgiveness, in which the discord was instantly drowned. Long may your friendly professional intercourse offer an agreeable refuge from the daily anxieties of medical practice.

A question has presented itself to the mind of the writer, which, perhaps, you will allow him to communicate. Does your present prosperity justify the expectation that a proposal for raising a library and a museum would be favourably received? Surely it is not a wild expectation that eventually your Society may possess these desiderata. The advantages of a permanent joint-stock library are sufficiently obvious; and are connected with the pecuniary value of the works which compose it. Bateman and Willan's beautiful work on diseases of the skin, which was laid before you on a recent occasion by Mr. Turton, is one of those elaborate productions whose costliness, with respect to many private individuals, amounts to a prohibition. The circumstances of the medical practitioner will seldom allow him to purchase all, or even a considerable number, of the works, to which it is desirable that he should have at all times easy access. Thirty or forty individuals may purchase all these, and each one of the purchasers may enjoy the same "dominium utile" in the joint-stock library as in his own. If it were judiciously managed, it would scarcely be less convenient to call it *ours* than *mine*. The difference is only in the "dominium rectum." A permanent collection of standard works is clearly a desideratum.

Then, what shall be said of a museum? By imparting durability to the perishable illustrations of pathological phenomena; by presenting these in

the compendious form of a classified arrangement, a good museum invests medical science with an irresistible fascination, and fosters an active spirit of inquiry. Books may teach wrong, a museum must teach right. It is, indeed, an infallible oracle; for nature is the priestess. Her revealings are ever replete with valuable instruction to those, who, understanding her language, consult her with the humble teachableness, characteristic of the candid inquirer after truth.

You must now follow the writer in a somewhat laborious journey through the regions of the past session. Every scene must be revisited, every thing of interest recorded; the mist of oblivion must not be disturbed where it conceals defects; but it must be dispelled from every object which it is desirable to bring into relief. You have among you one, whose abilities, attainments, and experience, eminently qualify him for this kind of travelling. He performed a similar journey last year; and the sketches produced by him on that occasion are exceedingly effective. They evince, indeed, a creative power, by which an entirely new and improved character is imparted to the objects delineated. The obvious deficiencies of the present attempt, will stand in awkward contrast with the excellencies of the spirited production of Dr. Favell; but while the latter obtained unanimous applause, the former solicits only patient endurance. Sequor, sed minore progressu.

The papers, morbid parts, &c., which it is necessary to review, are forty-seven in number. They are presented before you in a comprehensive classification, prepared with some pains, and as little liable to objection, perhaps, as any other that could have been devised. Each is numbered, and the name of the contributor, with the date and page, is attached. The whole are arranged in eight classes.

ARRANGEMENT OF THE PAPERS, CASES, DISEASED PARTS, BOOKS, INSTRUMENTS, &c.,
BROUGHT BEFORE THE SHEFFIELD MEDICAL SOCIETY, DURING THE SESSION
BEGINNING OCTOBER 6, 1842, AND ENDING APRIL 20, 1843.

No.	CLASS I.—SURGERY.	Contributors.	Date.	Page
1	Steatomatous tumour, weighing 1lb. 8½oz., of 11 years standing, removed from the back of an infirmary patient by . . .	Mr. Thomas	Oct. 6, 42	64
2	A small scirrhus tumour, with a portion of superior maxillary bone	Mr. H. Jackson	Mar. 23, 43	175
3	The uterus with its appendages, the bladder and the rectum, showing cancer of womb and ovaries, with scirrhus tubercle of the meso-rectum . . .	Dr. Favell	Jan. 13, 43	133
4	Wounded stomach and liver of a woman who was murdered by her husband . . .	Mr. Boulton	Oct. 20, 42	65
5	Wounded portion of the abdominal parietes . . .	Mr. H. Jackson	Mar. 23, 43	174
6	Stomach ruptured by a violent blow on the epigastrium . . .	Mr. Boulton	Dec. 29, 42	120
7	Vagina and uterus ruptured during parturition . . .	Mr. W. Jackson	" 1, 42	100
8	Paper on fracture of the skull . . .	Mr. Overend	Oct. 20, 42	66
9	Mulberry calculus . . .	"	Nov. 17, 42	85
10	Gorget invented by the late Mr. Wells, of Sheffield, Surgeon . . .	Mr. H. Jackson	" 3, 42	84
11	Paper on necrosis . . .	Mr. H. Thomas	" 17, 42	87
12	Paper on some of the uses of nitrate of silver in surgical cases . . .	Mr. H. Jackson	Dec. 16, 42	116
CLASS II.—RESPIRATORY SYSTEM.				
13	Bronchial glands and a portion of the lung of a fork grinder . . .	Mr. Porter	Oct. 20, 42	65
14	Two small portions of lungs resembling the condition of these organs in grinders' asthma . . .	Dr. Favell	March 9, 43	166

No.	CLASS II. CONTINUED.	Contributors.	Date.	Page
15	Paper on grinders' asthma	Mr. Porter	Jan. 26, 43	143
16	Right lung showing softening tubercles	Dr. Favell	" 12, 43	134
17	Lung of a negro containing tuberculous cavities	" "	" 26, 43	143
18	Subserous lamelliform ossification on the left lung	" "	" 12, 43	134
19	A small portion of lung containing scirrhus tubercle	" "	" 12, 43	134
20	Larynx, trachea, and thyroid gland, showing enlargement of the gland and consequent constriction of the trachea	" "	Feb. 9, 43	151
21	A case of laryngismus stridulus	" "	" "	"
CLASS III.—CIRCULATORY SYSTEM.				
22	Heart and aorta, showing hypertrophy of the former and dilatation of the left ventricle; dilatation at the commencement of the aorta with ragged opening above one of the sigmoid valves	Mr. Porter	Nov. 17, 42	86
23	Heart, aorta, and iliac arteries, showing ossification	" "	Dec. 1, 42	101
24	Aorta and iliac arteries showing ossification	Dr. Favell	March 9, 43	166
25	Heart in a state of hypertrophy, aortic valves diseased, right auricle dilated, bony depositions at both the auriculo-ven- tricular openings	" "	Dec. 15, 42	111
26	Heart showing partial pericarditis and hypertrophy	" "	Jan. 13, 43	134
27	Paper on certain morbid phenomena illustrative of the reflex functions of nerves	" "	Dec. 1, 42	101
CLASS IV.—DIGESTIVE SYSTEM.				
28	Liver in a state of cirrhosis	Dr. Favell	Jan. 12, 43	134
29	Liver in a state of cirrhosis	" "	March 9, 43	166
30	Portion of liver containing a large serous cyst	Mr. Boulton	Dec. 29, 42	120
31	Case of solution of the stomach	Dr. Favell	Feb. 9, 43	150
32	Paper on paralysis of the œsophagus, followed by hemiplegia, and cured by electro-magnetism	Dr. Shearman	Jan. 28, 43	156
33	Large scirrhus tumour of stomach	Mr. Parker	Feb. 23, 43	155
34	Ileum showing ulceration of the glands of Peyer	" "	March 9, 43	166
CLASS V.—DISEASES WHOSE PROXIMATE CAUSES ARE UNKNOWN.				
35	Paper on diabetes	Sir A. J. Knight	Dec. 15, 42	112
36	Paper on hydrophobia	Mr. H. Jackson	" 29, 42	120
CLASS VI.—TOXICOLOGY.				
37	{ Supposed cases of poisoning	Mr. Thorpe	Nov. 3, 42	78
	{ Further particulars on Mr. Thorpe's cases	Dr. Favell	" 17, 42	98
	{ Do. do.	" "	Dec. 1, 43	100
38	Paper on an overdose of narcotic quack medicine	Mr. Wilkinson	March 9, 43	167
39	Stomach of woman supposed to have taken poison	Mr. Smith	" 23, 43	173
CLASS VII.—MATERIA MÉDICA.				
40	Gunjah	Dr. Favell	Feb. 23, 47	155
41	Homœopathic medicine chest	Mr. H. Jackson	Mar. 23, 43	174
CLASS VIII.—MISCELLANEOUS SUBJECTS.				
42	Dr. Watson's test chest for examination of urine	Mr. H. Jackson	Dec. 29, 42	120
43	Optic nerve in a state of atrophy, the eye of the same side having been blind	Mr. Porter	Nov. 17, 42	86
44	Adult heart weighing only 3½ oz.	Dr. Favell	Jan. 13, 43	133
45	Paper on infanticide	Mr. Boulton	" "	135
46	Paper on six cases of fever occurring in one family	Dr. Branson	Mar. 23, 43	175
47	Paper on the relation of chemistry to physiology	Mr. Smith	April 6, 43	185

The resumé having, as you will perceive, a very extensive range, must necessarily be either too long or incomplete. Many things will be barely mentioned, and only the more interesting portions of the transactions of the past session brought prominently forward.

CLASS I.

No. 1: The steatomatous tumour, which had been growing 11 years, was removed by Mr. Thomas, in October last, from the back of an infirm patient. Before removal, it measured nine inches over the surface in one direction, and seven inches in another. It had never been painful, and was

troublesome only on account of its size, which prevented the free movements of the scapula.

No. 2, is a small scirrhus tumour removed by Mr. H. Jackson, together with a portion of the superior maxillary bone, to which it adhered, from an infirm patient in December last. The first patient recovered without an untoward symptom; the second is now convalescent.

No. 3, is an instance of cancer of the womb and ovaries with scirrhus tubercle of the meso-rectum. It is now pretty well established that all these growths are essentially parasitical; and that whether they originate in inflammation or not, they depend

on a continued perversion of nutrition. Schröder Van der Kolk has observed that they may be distinguished from the common products of inflammation, false membranes for instance, by their blood vessels, which have nearly all the appearance of minute arteries, while in false membranes there are many veins. The frequently rapid growth of cancer is very remarkable, and sufficiently distinguishes it from the products of inflammation. According to Andral, a cancerous tumour of the omentum increased so fast, that at the end of five weeks it filled the abdomen. Müller has ably elucidated by his microscopical observations, the growth of these tumours, and shown that it depends on the formation of cytoblasts in the blastema supplied by the blood vessels. The lovers of simplicity will be pleased to find that these cytoblasts are similar to those on which vegetable growth depends, discovered by Schleiden; and also to those on which normal animal growth depends, discovered by Schwann.

The great practical distinction to be made in tumours is into malignant and benign. The semi-fluctuating character and globulated structure of the large steatomatous tumour, as was observed by Mr. Thomas, entitled it to the latter character; but it should never be forgotten in practice, that a tumour, inert in itself and not at all affecting the general health, may assume in its progress, a decided character of malignancy.

No. 4, is the liver and stomach of a poor woman, who was stabbed while in bed, by her husband. The instrument employed, a common clasp knife, with a sheep-foot blade, was thrust perpendicularly into the epigastrium, through the sharp edge of the left lobe of the liver, through the anterior parietes of the stomach, and lastly through the mucous and muscular coats posteriorly, leaving only the peritoneal coat entire. Unimportant wounds were inflicted on other parts of her body. She died in a few minutes.

No. 5, is a portion of the abdominal parietes of a man, aged 42 years, who accidentally forced the blade of a chisel into his abdomen, while putting a handle on the tang, and thrusting the sharp edge against his belly, defended only by his clothes and a bit of deal about a quarter of an inch in thickness. He lived four days. Blood was effused into the peritoneal cavity; but the evidences of inflammation of this membrane were not well marked.

No. 6, is a woman's stomach, which was ruptured by a violent blow on the epigastrium, the organ being at the time distended with food. Instant death was the result. A considerable quantity of food was found in the peritoneal cavity.

It is probable that in the last three cases (Nos. 4, 5, 6,) the injuries received acted after the manner of a concussion. In No. 4, although there was considerable internal hæmorrhage, an artery of some size having been divided, yet this was insufficient to account for death; and in this case, as well as

in No. 6, the great semilunar ganglion doubtless received a shock sufficient to produce the fatal depression of the heart's action. In the first of these cases, the knife was evidently *struck* in with great violence. In No. 5, the patient lived four days; but during this time the action of the heart was feeble, the temperature of the surface diminished, and sensation impaired. If it were admitted that in this case, inflammation caused the patient's death, still it might reasonably be held that this inflammation had acted after the manner of a shock.

Professor Alison, in his *Outlines of Pathology*, p. 128, has these words, "Inflammation is sometimes quickly fatal, independently of any alteration in the texture of the inflamed part, simply by the gradual depression of the powers of the circulation, which attends it, and which may be called a strictly sympathetic effect. The case of inflammation of the peritoneum is the best example of this danger." The Professor states that this inflammation is sometimes fatal without even an effusion of lymph, and that the only explanation to be given is "that any violent injury of the abdomen, by virtue probably of the intense and peculiar sensation it excites, acts as a powerful sedative on the heart."

With the consideration of the ruptured vagina and uterus (No. 7) it is unnecessary to detain you, as it is to be hoped that it will be fully brought before the society next session. It is sufficient to say the whole ovum escaped into the cavity of the abdomen, and that Mr. Jackson removed it by the operation of gastrotomy. The poor woman died on the seventh day after the operation. In the peritoneal cavity, there was neither effusion of blood nor decided evidence of inflammation. The uterus had properly contracted; and except that it was ruptured, was healthy. The rent longitudinally measured three and a half inches; transversely, close to the cervix uteri, more than two inches; and the cervix was itself torn to the extent of half an inch.

No. 8, is a paper by Mr. Overend, on fracture of the skull, interesting chiefly on account of a proposal founded on it by the author, to divide the dura mater in those cases of compression, in which, after the use of the trephine, the symptoms continue. The fracture, which was the result of a violent kick on the head by a vicious horse, implicated the frontal, both parietal, both temporal, and the ethmoid bones. Two triangular pieces of bone were quite separated, and there were three lacerations of the dura mater. To these lacerations Mr. Overend attributed the mildness of the symptoms; for, notwithstanding the extraordinary amount of injury, the patient lived four days, and had considerable consciousness and sensibility. It is impossible to give more than a general idea of the discussion elicited by the proposal to divide the dura mater. Dr. Favell alluded to the experiments of the late Dr. Kelly, of Leith; and said that unless the walls of the cranium yielded, he

could not see how the division of a membrane, which is every where adherent to the internal surface of the cranium, was to relieve the brain from pressure. Others expressed similar opinions. Mr. Overend acknowledged that his proposal was opposed to a doctrine established in surgery, and strongly insisted on by Sir Astley Cooper; but observed that inflammation deprived all serous and fibrous textures of their elasticity, and, as in the instance of the fascia lata of the thigh, was frequently attended with permanent contraction. He thought that if the practice proposed enabled the dura mater to yield only where the trephine had been applied, even this apparently trifling advantage might relieve the brain from pressure, which would otherwise prove fatal. In the course of the evening, it was observed that Sir B. Brodie had related a case in which Mr. Cline, sen., having trephined a patient without relieving him from the symptoms of compression, and then observing that the dura mater was elevated, and of a bluish colour, made an opening into the membrane by which a quantity of fluid blood escaped, and the patient did well.

No. 9, is a mulberry calculus, weighing 35 grains, extracted by Mr. Overend from a child, aged seven years. In this case, the operator met with a difficulty which had never occurred to him before. He used Key's knife and staff; on raising the former to the horizontal position, so as to make the angle with the latter, he found there was not sufficient room between the rami for the passage of the knife; and he was compelled to make a sweep round the ramus of the right ischium. The cutting edge of the knife was injured in consequence of having hitched against the cartilaginous edge of the left ramus. The patient recovered very satisfactorily.

Passing over No. 10, your attention is solicited to No. 11, Mr. Thomas's paper on necrosis. The disease, in the case which formed the subject of Mr. Thomas's paper, had existed five years. In August last, Mr. Thomas trephined the tibia, and removed a sequestrum about four inches and a half long, and broken into several pieces. Mr. Thomas said that in this case, the exciting cause had been idiopathic inflammation of the cancellated structure, as was proved by the diffuse swelling, the high febrile excitement, and the delirium which were present at the commencement of the affection. In the discussion, the opinions of Boyer, who holds that the outer table of bone and the periosteum are concerned in the production of the new bone; of Richerand, who holds that the whole of the outer table is always left entire; and of Troja and Macartney, who attribute the formation of the new bone entirely to the periosteum, were considered. Mr. Overend showed the whole shaft of a humerus, which he had removed without any operation, and which of course supported the views of Troja and Macartney. This gentleman said that his experience taught him that struma and syphilis were the predisposing causes of necrosis. If it occurred after the 18th or

20th year it generally resulted from syphilis; and if before this age, from struma. Mr. Jackson exhibited a specimen in confirmation of Macartney's doctrine; and showed a drawing of a leg, whence portions of bone having been removed, the outer shell of the tibia was left healthy and threw out granulations, which healed perfectly, leaving an opening of about two inches quite through the bone.

No. 12, is Mr. H. Jackson's paper on some of the uses of the nitrate of silver in surgical cases. He was induced to bring the subject before the Society, because neither in Dr. Watson's clinical lectures, published in the *Provincial Medical Journal*, nor in Mr. Higginbottom's work, were the uses of nitrate of silver, which formed the subject of his paper, mentioned. He alluded to its employment in bed sores, burns and scalds. He had met with bed sores in which De Haen's lotion, plasters, and pillows to remove pressure, all failed to procure relief; and in which the nitrate acted very satisfactorily. He uses it in the form of aqueous solution of varying strength, generally ten grains to the ounce, and applies it by means of a camel-hair brush, two or three times a day, over every part exhibiting the slightest appearance of inflammation. In superficial burns and scalds, Mr. H. Jackson finds that this remedy removes the pain and prevents vesication; while in deeper burns, although it can have no effect on the charred parts, it removes the superficial inflammation and very much diminishes the pain. He first used this agent in bed sores, at the suggestion of Dr. Thompson.

CLASS II.

Passing over Nos. 13 and 14, your attention must next be directed for a few minutes to Mr. Porter's paper on Grinders' Asthma, No. 15. Wm. Batty, aged 44 years, a fork grinder, of steady habits, and originally of good constitution, began to work at the age of 13 years. Eleven years ago, he abandoned his trade. At this time, he had a short dry cough, without either much pain or expectoration; but spitting of blood soon came on, the expectoration became copious and was occasionally black. Sept. 9, 1842. He is extremely attenuated; cough troublesome; expectoration copious, black, sometimes yellow, and raised with difficulty; profuse night sweats; voice subdued to a whisper; inspiration generally attended with pain of the right side; breathing rather hurried after much exertion. Physical signs — right side of chest almost inactive, the respiratory movements being confined to the left; dulness on percussion over the whole of the chest, but perhaps more distinct on the right side; respiration bronchial throughout; a slight gurgling sound towards the apex of the right lung. He died Oct. 9, 1842. Examination of body 24 hours after death. Only the appearances of the lungs, of the bronchial glands, and of the mucous membrane of the trachea and bronchi, will be here stated. The lungs did not collapse, their whole

surface was covered with black spots about the size of currants; and the whole texture of the organs presented a similar appearance. Some of these black bodies were three, four, or five times larger than a currant, and so hard that in attempting to cut through them, the scalpel was sometimes arrested by a gritty substance. At the bifurcation of the trachea, some of them were the size of a horse-chesnut. The mucous membrane of the trachea and bronchi was thickened, partially of a granular appearance, but presenting no point of ulceration. The upper part of the left lung was indurated and firmer than liver. About one fourth of the upper part of the right lung was occupied by a very large cavity, lined by a distinct membrane, and containing a small portion of broken-down lung. The fist introduced into this cavity did not distend it. It had no communication with the bronchial tubes, and the sac was adherent to the pleura. Except at their upper part the lungs were slightly crepitous, and discharged a frothy matter when incised.

Sir A. J. Knight, who published an account of this disease in the *North of England Medical and Surgical Journal*, 1830, with some statistical information on the same subject, said that the gritty deposition being very abundant, it was probable the metallic particles were expectorated, and the siliceous ones retained. He had seen patients cough up a quantity of dust, covered with a film of mucus. Laennec, who was not practically acquainted with this malady, denied that the inhalation of noxious particles was its exciting cause. Sir A. Knight was of opinion that if, on the first appearance of the symptoms, grinders could be induced to apply themselves to agriculture, their lives would be much prolonged; but artisans of this class were very impatient of any interference, and unwilling to take advice. The reader of the paper, Mr. Porter, said that the symptoms of grinders' asthma did not differ from those of ordinary phthisis; and the most remarkable post-mortem appearance consisted in the enlarged and indurated state of the bronchial glands. Since the treatise by Sir A. J. Knight was written, our townsman, Dr. Holland, has published some very copious statistics, by which the appalling mortality of grinders is placed in a very clear light. From this publication you shall be troubled with only one very short table referring to pen-blade grinders.

THE AGES OF THE 67 WHO HAVE DIED SINCE 1832.

From 21 to 25 years of age	12
" 25 to 30 "	15
" 30 to 35 "	14
" 35 to 40 "	8
" 40 to 45 "	6
" 45 to 50 "	8
At 50 "	1
" 57 "	1
" 58 "	1
" 60 "	1

Pen-blade grinding, it should be remembered, is not the most destructive branch of the trade.

Passing over Nos. 16, 17, 18, 19, and 20, you must be introduced to a very brief notice of No. 21, a case of laryngismus stridulus, the particulars of which Dr. Favell was kind enough to give orally, on the occasion of your disappointment in the non-arrival of the gentleman by whom the paper for the evening should have been read. The symptoms were those which usually characterize this affection, but the case is interesting chiefly on account of having been associated with patency of the foramen ovale. A medical man, who saw the patient in the paroxysm which proved fatal, said he attributed the symptoms to disease of the heart. Dr. Favell contended that the symptoms had no connection with the affection of the heart; and thought that the condition of the foramen ovale was an accidental complication, which, although it might have co-operated with the laryngeal disease in producing death, was not the essential cause of the fatal termination.

CLASS III.

Nos. 22, 23, 24, 25, and 26, do not demand, perhaps, any further notice than they have received in the classification. You will, therefore, be immediately conducted to Dr. Favell's paper on certain morbid phenomena, illustrative of the reflex functions of nerves. This was an elaborate statement of the connection which frequently subsists between pericarditis and chorea. Dr. Favell adduced many instances, in proof of this connection, from his own practice; from Dr. Babington, Guy's Hospital Reports, vol. 13; from Dr. Bright, Medico-Chirurgical Transactions, vol. 22; from Dr. Younge, of Plymouth, Guy's Hospital Reports, No. 9; from Andral, and from Bouillaud. The chorea frequently masks entirely the pericarditis, of which it is only, in these cases, a symptom; just as epilepsy is occasionally a symptom of intestinal worms. The practical lesson which Dr. Favell adduced, and on which he forcibly insisted, was, that in all cases of chorea a careful physical examination of the præcordial region, by means of the stethoscope, ought at once to be instituted.

CLASS IV.

For Nos. 28, 29, 30, 32, 33, and 34, the notice already taken of them must suffice; but No. 31, Dr. Shearman's case of paralysis of the œsophagus, followed by hemiplegia, and cured by electro-magnetism, will require your attention for a few minutes. The following are the leading features in the case:—The patient, a lady, was 51 years of age, and had suffered for some months from tic douloureux of the right inferior maxillary nerve. On January 31, 1841, she was suddenly seized with an extraordinary attack of vomiting. She fainted, and had loss of power over the arms when in the upright, but not when in the recumbent posture. On the evening of the 1st of February, she found it impossible to swallow any thing, and the sickness subsided.

There were no symptoms of inflammatory action. Subsequently she had paralysis of the left side of the face, and of the right arm and leg. The patient became exceedingly feeble, and neither external nor internal stimulants had any effect. Dr. Shearman treated the case as he would have done if it had been one of palsy, succeeding a slight fit of apoplexy. Nothing could be introduced into the stomach except through the œsophagus tube. On the 25th of February, electro-magnetism was applied, with the sanction of Sir A. J. Knight, to the back of the neck and chest in the course of the œsophagus, to the left side of the face, and from the spine in the course of the nerves to the right arm and leg. This was done one hour at least three times a day for a month, and afterwards twice a day. The nutritious and stimulating injections into the stomach were continued until March 9th, when she could swallow so well that the œsophagus tube was unnecessary. Pretty good doses of quinine, and other stimulating tonics, in the way of nourishment, were administered; and great attention was paid to the digestive organs. On the 26th of June she could walk up and down stairs tolerably well. From this time, the electro-magnetism was gradually discontinued. She got quite well, and is so at this moment.

This is clearly a very rare case. While it was going on, Sir A. J. Knight and Dr. Shearman consulted all the authorities within their reach without obtaining any information respecting it. Dr. Shearman referred the case to Dr. Abercrombie, who acknowledged that he was quite at a loss with regard to the state of the spinal cord. There can be no doubt that in this case there was no structural disease. This seemed to be the general opinion of the society. With respect to treatment, the writer doubts whether the electro-magnetism is entitled to the credit of having effected the cure; or whether this should be attributed to the quinine, stimulating tonics, and the great attention which was paid to the digestive organs. Paralysis occasionally terminates favourably quite irrespectively of medical treatment, and the acknowledged obscurity in which the proximate cause, in the case under consideration, was involved, demands especial caution in assigning to each of the various means employed in the treatment, its due share of credit. It is by no means impossible, that the electro-magnetism, instead of having carried off the complaint, retarded the cure; and that this was ultimately accomplished by nature, assisted by the general treatment. Until a series of cases treated with, have been contrasted with a parallel series treated without electro-magnetism, it would be unphilosophical to pronounce a decided opinion on this principle as a curative agent in paralysis. Although the writer has employed electro-magnetism in a variety of cases, during the last twelve months, yet he has hardly been able to verify a single observation of any one of its numerous and

zealous advocates. Dr. Shearman used either the negative or positive pole, as chance directed. Now Ritter asserts that the former diminishes, while the latter augments the powers of life, and J. D. Humphreys, medical galvanist, with Chas. Woodward and others, says that the positive pole exerts a salutary influence, by exhilarating the spirits, and infusing feelings of energy and strength; while the negative excites a sense of exhaustion and of irritation. These writers distinctly state that the only effect of the negative pole, if applied to the seat of a disease, would be to aggravate its worst symptoms. How are these opinions to be reconciled with Dr. Shearman's belief, that he had cured his patient by an indiscriminate use of the oxidating and deoxidating electricities?

Dr. Wilkinson, Dr. Hodgkin, Mr. Ware, and Mr. Carpie, ascribe wonderful power to electro-magnetism in diseases affecting respiration, circulation, digestion, and secretion. According to these gentlemen, there is hardly a complaint which it will not either cure or relieve; or an indication in therapeutics which it will not satisfactorily fulfil. The writer can reconcile the discrepancies between the statements of authors and his own experience, only by supposing that the publications on this subject contain many errors. With respect, however, to the case under consideration, it is right to say the society generally agreed with Dr. Shearman, in ascribing the cure to electro-magnetism; and that Dr. Abercrombie speaks rather favourably of this agent.

CLASS V.

Time will only allow a bare mention of these papers. No 35, is an account of a case of diabetes, which was under treatment when the paper was read. The plan, ably advocated by Dr. Barlow, in the Guy's Hospital reports, vol. xi., was tried. It had great power in diminishing the quantity of urine; but the specific gravity and the solid contents were not very sensibly affected. This is a very interesting case, and it is to be hoped Sir A. Knight will again bring it before the society.

No. 36, Mr. H. Jackson's paper on hydrophobia, which enters into a full consideration of this incurable malady, has been published in full in the *Provincial Medical Journal*: so that it is unnecessary to recapitulate the particulars of this communication.

CLASS VI.

No. 37, is a case of supposed poisoning. The body of the deceased was exhumed, and the stomach examined by Dr. Favell. All the modern tests for arsenic were used, viz., the ammonio-sulphate of copper, ammonio-nitrate of silver, sulphuretted hydrogen, and Marsh's galvanic test. No arsenic was detected. Dr. Favell had no opportunity of examining any portion of the intestines, in which it was much more likely that arsenic would be found, and where indeed it was subsequently detected by a surgeon at Chesterfield.

This case did not involve any legal prosecution. How the poisoning was brought about has never been ascertained. No one was suspected. Six individuals of one family had symptoms of having taken poison; but only one, the father, died. From this case an important lesson may be deduced. In all fatal cases of suspected poisoning, the intestines should be submitted to chemical examination, if the evidence required be not found in the stomach. It is unnecessary to allude to the painful consequences of interring bodies, after death under suspicious circumstances, before the coroner has held his inquest.

No. 38 is an account of the effects, in a child aged three months, of an over-dose of narcotic quack medicine, namely a teaspoonful of Godfrey's cordial, containing, as the druggist informed the reader of the paper, about two minims of tincture of opium. The child recovered. There can be no doubt the employment of this powerful drug by non-professional persons is highly dangerous.

No. 39. Of this, sufficient notice is taken in the classification.

CLASS VII.

No. 40, is on the Gunjah. This is a very interesting drug, but the writer knows nothing of it practically. It is the *Canabis indica*. As much is said of it in the periodicals, it may be interesting to observe, that in the memoirs of the Emperor Baber, the conqueror of Hindostan, translated from the Persian, allusion is made to this plant as a means of excitement in connection with other narcotics. This philosophic warrior king, in a history remarkable for its truth and clearness, gives a striking account of the spirit drinkers and the opium eaters of his own time. The opium eaters are represented as producing a delicious and dreamy intoxication by taking a *maajun*, a compound of opium and indian hemp.

No. 41. Of this, nothing need be said here.

CLASS VIII.

Nos. 42, 43, and 44, are perhaps sufficiently noticed in the classification. You must, therefore, give a few minutes to the consideration of No. 45, Mr. Boulton's paper on infanticide. In the case which formed the subject of Mr. Boulton's communication, the child died of umbilical hæmorrhage, occasioned by improper management of the cord. This case was interesting as showing the value of the hydrostatic and static tests. It is probable, however, that at the present day no amount of evidence would convict a female of infanticide. In this case the accused was committed only for concealment; and the grand jury, in spite of the clearest evidence, ignored the bill.

No. 46, is Dr. Branson's paper on six cases of fever occurring in one family. This was a highly instructive and valuable paper, and the writer very much regrets that his limits will not enable him to do it justice. In the first case, the patient died of pericarditis, a complication which would never

have been suspected if the stethoscope had not been used. The interesting discussion which followed was carried on chiefly by Drs. Favell, Kidley, and Branson; and had reference to the diagnosis between pericarditis and endocarditis. Dr. Favell observed, that Bouillaud had noticed the occurrence of pericarditis during continued fever.

No. 47, is Mr. Smith's paper on the relation of chemistry to physiology. This elaborate production was the last of the session; and it is impossible to do justice to it in this summary. The author observed that in the present advanced state of science, the business of the philosopher was not so much to discover new laws as to apply those already known to new phenomena. He regarded life as a power capable of reforming organic compounds as fast as they are decomposed; and as intimately allied to chemical agency instead of being essentially and entirely different, according to the recent belief of physiologists. In reference to the lately discovered principle on which saccharine fermentation depends, diastase, he thought it was a purely chemical product, since it could be formed by submitting starch to the action of dilute sulphuric acid. He quoted experiments by which an attempt has been made to prove, that the nervous influence and electricity are either identical or analogous principles; and entered at large on the views of Professor Liebig respecting what has heretofore been considered the respiration of plants, agreeing with this able writer, that it was a purely chemical process, which would proceed even after the life of the plant was destroyed. Dr. Wollaston's views with regard to the dependance of secretion on electrical agency were stated, and some curious facts were adduced to strengthen the author's opinion respecting electricity and the nervous influence. One of these facts will be found in the *American Journal of the Medical Sciences*, for January, 1838; the other was communicated to him by a friend. They were very similar, each being to the effect, that a lady was found occasionally in a positively electrical condition, so that when insulated she communicated sparks.

The greater part of Mr. Smith's paper referred to the subject of digestion. Every theory, perhaps, which has been promulgated on this subject, was discussed. The experiments of Dr. Beaumont on Alexis St. Martin, the experiments of Spallanzani, and the views of Liebig, were quoted, in order to show that digestion is a purely chemical process; the catalytic action of diastase and pepsin, and the similarity of these two principles were fully stated. The author observed that although pepsin, an organic product, was necessary to digestion, yet this did not prove that digestion itself was a vital process; and he contended, that if digestion be referred to the vital principle merely on this account, then the saccharine fermentation must, for a similar reason, be also regarded as dependant on vitality. Both these processes, digestion and

the saccharine fermentation, could be carried on apart from any living body.

The subject of respiration was fully considered. With respect to animal heat, the author advocated the views of Black, Crawford, and Lavoisier. He had always "considered it very absurd to object to this theory that the reduction of the capacity of the carbonic acid and water as compared with the oxygen, carbon, and hydrogen, was insufficient to account for the heat developed in respiration; and therefore to propose theories of animal heat being produced by nervous influence, &c., when precisely the same objection existed to the theory of combustion, which should surely rather have been considered to strengthen the analogy between the phenomena than to lead to their divorce."

The discussion, which followed the reading of this paper, had reference chiefly to the changes wrought on the blood by the function of respiration, the properties of hæmotosine, the formation of carbonic acid in the capillaries, and its passage through the delicate membrane of the air-cells; but as these questions were not advanced by the author, it may be sufficient to state that Dr. Favell objected to the opinion that digestion was a purely chemical process, inasmuch as pepsin, an organic product which no chemist could make, was a necessary element.

ON THE DIAGNOSIS OF INCIPIENT TUBERCULIZATION OF THE LUNGS.

By W. H. RANKING, M.D., Cantab., Physician to the
Suffolk General Hospital, Bury St. Edmunds.

(Concluded from p. 76.)

There are two other circumstances which are deserving of notice as regards the diagnosis of tubercles, namely, the degree of resonance of the voice, and of transmission of the cardiac sounds.

Upon the subject of the natural resonance of the voice, writers are much at variance. As the degree of this resonance, however, becomes an important diagnostic sign of tubercles in the lungs, it is right to determine with as much precision as possible, the limits of its healthy and morbid conditions. The resonance of the voice is somewhat modified by the degree of obesity of the thoracic parietes, being, *cæteris paribus*, greater in thin than in fat persons. The natural intonation of the voice also assists in its modification; but in this particular also, strange to say, diametrically opposite opinions are entertained by different writers. Fournet maintains that the resonance of the voice is greatest when its tones are grave. Williams, and others, with more reason, affirm that the resonance is most distinct in persons with a high treble voice.

The normal resonance of the voice is somewhat more marked in front than behind; it is most intense at the root of the lungs. In a healthy person the vocal resonance should amount to little more than an indistinct buzzing; the more articulate the sounds, the further is the removal from a healthy condition. It

may be stated in a general way that the resonance is equal on both sides. Stokes, however, states that it is stronger on the right side than on the left, an opinion which is also maintained by Sir James Clarke.

The distance to which the cardiac sounds are transmitted has also been made available in the diagnosis of incipient phthisis. The heart's action in the healthy condition of the lung is more perceptible under the left clavicle than under the right, since the conductivity of the lungs being the same, the distance is greater on the right side. Consolidation may, however, induce a change in this respect, and the heart's action may become more distinct on the right than on the left side. Such an occurrence, or even equal transmission of the sounds on both sides, may become a sign of morbid solidity in that the farthest removed from the heart.

With this statement of the qualities of the physical signs afforded by healthy respiration, I shall proceed to consider those modifications in their character, which constitute the basis of our diagnosis of incipient pulmonary tubercle. I cannot do better than adopt the phraseology of Fournet in stating, that the respiratory sounds are modified in a triplex manner, in "*intensity and duration*," in "*quality*," and by the "*substitution*" of sounds foreign to a state of health. The alterations of the first kind are first observed in the expiratory sound; which, from being nearly inaudible, acquires an appreciable character, by the increase of its intensity and duration, in proportion to that of the sound of inspiration. The ratio between the two portions of the respiratory act may be disturbed in a two-fold manner, and in various degrees. Thus the expiratory sound may be increased and prolonged, the inspiratory murmur remaining unaltered, or the former condition may co-exist with a decrease of the latter. The first of these conditions marks the very earliest commencement of phthisis, the sound of expiration being simply rendered audible by the consolidation of the lung; the second condition shows a more abundant deposit of tubercle.

The next modification of the respiration in incipient phthisis is observed in the "*quality*," of the murmurs. Independently of the changes in duration and intensity, the murmurs lose the soft breezy intonation which characterises their healthy condition, and assume various degrees of coarseness and roughness. In the higher forms of this alteration the vesicular respiration is replaced by sounds similar to those produced in the larger bronchi, and bronchial respiration is established. This phenomenon, occurring in conjunction with a dull stroke sound beneath the clavicles, affords the strongest evidence of tubercular consolidation. A further extension of the disease causes the bronchial respiration to degenerate into the cavernous.

The alterations of the respiratory sounds in incipient phthisis, by substitution, are two, one which has long been known to auscultators—the existence of a crepitating r le; the other is a sign which is perfectly new and rests entirely on the authority of Fournet. He calls it the "*bruit de froissement pulmonaire*," or sound of pulmonary crumpling.

The first of these sounds—the crepitating rhonchus—has long been noticed in the very earliest commencement of phthisis and derives the greatest importance from the fact established by Fournet, that it is absolutely confined to that disease, and to the earliest

period. This sound first appears as a dry rhonchus, but, as the disease advances, becomes converted into the moist crepitating rhonchus of authors, and eventually degenerates into the mucous and gurgling rhonchi. I have frequently verified the correctness of the French writer's observations on this rhonchus—that it is exactly confined to the apex of the lungs, and seldom extends below the second rib. It has also occurred to me to witness what I do not find mentioned elsewhere, that the sound is occasionally produced in such intensity as to be audible at several feet distance from the patient. The sound, as I have noticed it, is confined to the murmur of inspiration, and seldom consists of more than four or five bubbles. I would not be understood to subscribe implicitly to the limitation of the rhonchus to cases of tubercular deposit; I believe, on the contrary, that it occurs in a modified form under other states of the lungs. Its explanation appears to me to be, that it is produced by the unequal and difficult expansion of dilated air-cells, and therefore I should expect to find it in a more developed, and, therefore, somewhat different form in general vesicular emphysema.

The pulmonary crumpling sound was quite unknown to auscultators, until it was noticed by Fournet; the present description of it, therefore, must be entirely drawn from that author's writings.* The impression left by this sound upon the ear is, according to him, different from all other sounds hitherto described. It resembles the crumpling or crushing of a fine tissue against a hard body, and may present different forms and degrees from the "new-leather creak," to the sound produced by blowing gently upon fine paper. It is heard only at a certain epoch of the disease. This epoch includes the last half of the first stage, and the commencement of the second. Sometimes it appears before the respiration assumes the bronchial character, but in general the two phenomena make their appearance at the same time. It co-exists with other signs of the first period of the disease, as with the dry crackling rhonchus lately described, with bronchial respiration, with increased and prolonged expiration, and lastly, with dulness on percussion and distinct bronchophony. Its situation is at the top of the lungs only, usually below the clavicle. Fournet further remarks that he observed this sign in one-eighth of the cases of phthisis which he examined with minute carefulness, and generally in the acute form.

Without wishing to deny the accuracy of such an observer as Fournet, I cannot but agree with the writer in the *British and Foreign Medical Review*, No. 18, that the author has converted into a new sign, one which has long been recognised as depending upon friction of opposed and inflamed serous surfaces. This opinion is supported by the fact that the sound in question is observed chiefly in those cases in which inflammatory symptoms run high, and in which, as a matter of course, partial pleuritis might be expected. It is to be remarked also, that Fournet affirms the sound to be limited to an early stage of the disease, which is precisely the case with the true friction sound, that being destroyed by adhesion of the pleural surfaces.

In further corroboration of the identity of the two phenomena, it may be mentioned that Fournet admits the occasional existence of symptoms of pleuritic

inflammation in the situation corresponding with the "crumpling" sound. His words are these, "Some phthisical patients are sensible of a feeling of restraint, of uneasiness, sometimes even of pricking pain, in the points where the 'pulmonary crumpling' sound is heard."* In another place, one patient is said to have complained of an *inward rubbing* at the site in which the sound was produced.

The above is a condensed account of the physical signs of the incipient stage of phthisis, but as with the exception of the crepitating rhonchus, and that only upon the authority of Fournet, none are absolutely confined to that disease, but may appear in other pulmonary lesions, it will be necessary to enquire what those lesions are, and to draw a differential diagnosis between them.

And first of the prolonged expiration. It has been stated that the advance of the expiratory murmur in intensity and duration from two to ten, or more, is a sign of the infiltration of tubercles. But the expiratory murmur is prolonged also under two other conditions of the respiration. These are puerile respiration, and pulmonary emphysema. The distinction between them is thus established.

In puerile respiration the expiratory murmur is increased, it is true; but the inspiration is augmented in an equal proportion. If the former has risen to four, the latter will be found at twenty. In phthisis, on the contrary, the extension of the expiration is accompanied by diminution in the *duration* of inspiration, its *intensity* being at the same time increased. Dulness on percussion, also, often accompanies the prolonged expiration which depends upon tubercular consolidation. In puerile respiration, on the contrary, the stroke sound, if not clearer than usual, is at least normal. The diagnosis will likewise be assisted by the discovery of a cause for the puerile respiration. Suppose, for instance, it be doubtful whether the exaggerated murmur of expiration in the apex of one lung be indicative of tubercular infiltration, or simply of puerile breathing; if evidences exist of pneumonic engorgement of the lower portions of the same lung, such evidences would go far towards attributing the morbid sound in the apex to the latter cause.

The liability of confounding tubercular deposit in its very commencement, before any dulness on percussion exists, with an emphysematous condition of the upper portion of the lung, is greater than in the foregoing case, since in both these affections there is not only increase of expiration, but diminution of the inspiratory murmur. In emphysema, however, there is greater disturbance of the ratio between the two murmurs than in tubercle. In the former the inspiration may be diminished in any degree, from its normal state to occasionally complete extinction. In phthisis, so great a disproportion never occurs, but before the inspiratory murmur is much diminished, it undergoes the changes in quality before mentioned. In emphysema, moreover, the expiration at its close frequently merges into one or other of the dry rhonchi. No distinction of importance can be derived either from percussion, or auscultation of the voice, at the period in which mistake is liable to occur, since no changes are induced in those respects till the tubercular deposition has become considerable.

* Op. cit. p. 95.

* Op. Cit. p. 94.

It is necessary, likewise, in studying the expiratory murmur to be aware that it is closely imitated by the sounds produced in the mouth. I was frequently at first misled by this circumstance. The error is rectified by closing the unemployed ear.

The morbid phenomena afforded by the voice in incipient phthisis are not of the same value as those of the respiratory sounds; and for the reason that they are not perceived until the deposit exists in notable quantity, and therefore cannot be made available at a period in which their usefulness would be the greatest. The change produced in the transmission of the voice, from an indistinct murmuring sound to a more or less distinct articulation is, however, very conclusive of tubercular infiltration when it does occur. But it is often absent altogether, generally so, at first, and frequently even at a later period, if their exist at the same time with the tubercles a number of dilated air-cells; we may say, therefore, that however valuable bronchophony may be when present, its absence is not conclusive of the non-existence of tubercles. The same may be said of the transmission of the heart's sounds, and the subclavian whizzing; they are valuable as auxiliary signs, but individually are not worthy of confidence.

The last mode of investigation which remains to be noticed is percussion, and however valuable it may be in pulmonary diseases in general, its value in the earliest period of phthisis is small. While the tubercles are only sparingly disseminated, which is the condition we are anxious to be able to recognize, no material change of the stroke sound exists, since a very considerable consolidation is necessary to render the dulness appreciable. When this dulness, however, does exist, the results afforded by it are much to be relied on, although we may generally in such case be assured that an earlier and more remediable period of the disease has been overlooked. It may be mentioned with regard to percussion, as in the case of bronchophony, that the existence of a certain number of dilated air-cells will negative the results to be expected from consolidation.

To recapitulate the diagnostic signs and symptoms of incipient phthisis. If, in a person exhibiting the scrofulous diathesis, catarrhs should, at a period between puberty and 35 years of age, become frequent and increasingly obstinate, there are grounds for the suspicion of impending tubercular disease.

The probability of the actual presence of tubercles is highly increased, if in addition to this, hæmoptysis should occur, more especially if it be not copious, but frequently recurring. An accumulation of evidence is afforded by the persistence of cough, increase in the frequency of the pulse, and slight emaciation. Should auscultation under these circumstances exhibit the signs of prolonged expiration in one or both subclavicular regions, the inspiratory murmur at the same time becoming diminished in duration, and acquiring an increase of *intensity*; if both murmurs should assume a coarseness of tone, followed by the crepitation before mentioned; if the voice has a bronchophonic resonance; if the respiratory movements at the summit of the thorax become confined in their extent with falling in of the infra-clavicular spaces, and with or without dulness on percussion, a mass of signs is accumulated which leaves no room for hesitation in

deciding that tubercles are present. Many circumstances may concur to modify the succession of events, and to complicate the diagnosis; and it must be admitted that no study connected with auscultation is invested with such difficulty, and requires such close attention, as the detection of tubercles in their earliest stage. But let us hope, that in the difficulty of the subject, all will see but an inducement to extra diligence in its study; and it may, I think, be confidently asserted, that before many years have elapsed, we shall be able, by its earlier recognition, to deprive this most deadly of all maladies of half its terrors. It is folly to run over the pharmacopœia, exhibiting now iodine, now naphtha; lauding at one time depletion and emetics, at another, beef steaks and stimulants. It is something worse than folly to write books to gull the public into the belief that one or other of these schemes is successful. There is but one way of diminishing the fatality of the disease, and this is by a patient investigation of its initiatory pathology, and a closer attention than is generally paid to the physical signs of incipient tubercle. When we shall have arrived at a positive and general acquaintance with these signs, then shall we, perhaps, be able in reality to accomplish what has been the boast of licensed and unlicensed quacks of all ages—the cure of consumption.

Bury St. Edmunds, Suffolk.

ON THE TREATMENT OF PUERPERAL CONVULSIONS

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Several communications on the treatment of puerperal convulsions have recently appeared in the pages of the *Provincial Medical and Surgical Journal*.

The perusal of the letter of Dr. North Arnold, in a late number, induces me to send you the following particulars of two cases, which have occurred to me in practice, within the last twelve or fourteen months.

From these cases it will appear that the treatment of puerperal convulsions, and of what disease may not the same be said, requires to be modified according to the peculiar circumstances of each case. That while in one case copious depletion, to the extent of 50 ounces or more, may be imperatively demanded, another case may be brought to a successful issue, by the employment of more moderate means.

But while admitting this, I do not agree with Dr. North Arnold, when he says "general bleeding, as our first remedy, is not indicated by a review of the causes; neither are we justified in making it our anchor." On the contrary, the impression on my mind, from the experience I have had, and from all I know of that of others, is, that in the treatment of puerperal convulsions, more than of any other disease, it may emphatically be said, "to spare the lancet is to lose the patient."

Entertaining these views, I should hesitate much ere I called in question the propriety of large abstractions of blood in cases of this description; and especially where this practice had been adopted at the instance of one, like Mr. Drutt, the soundness of whose judgment, and general professional attainments, will not, I think, be disputed.

CASE I.

Mrs. C., 33 years of age, had usually enjoyed good health; not subject to hysteria; habit of body moderate, neither particularly stout nor spare; was pregnant of her second child, and in the eighth month of utero-gestation.

On the 2nd of February, 1843, a servant found her on her room floor, in all the contortions of a most severe fit of convulsions. On my arriving at the house the convulsions had ceased, but had left her in so drowsy a state that answers to my questions were procured with difficulty. She complained of pain in the head, but the pupils were normal and sensible to light; the pulse was calm, about 80, and not full nor strong. I was informed that her mind had been much disturbed of late, owing to circumstances of a domestic nature, and finding her grown thinner, and apparently weaker than I had known her to be a few weeks previously, I contented myself with ordering 18 leeches to the head, five grains of calomel with colocynth, to be followed by saline aperient draughts every two hours, an enema of castor oil and turpentine, and sinapisms to the nape of the neck, and calves of the legs.

In the course of about two hours, however, I was again summoned to her, in another fit. I now lost no time, but proceeded, as soon as the convulsions subsided, which they did in about ten minutes, to open a vein in the arm, from which I took about a pound of blood. In addition to this I directed the head to be shaved, and the leeches, which were about being applied, to be increased in number to 24, to be followed by cold lotion to the scalp.

The patient was now perfectly comatose. In this state she continued for the next hour, when the convulsions again returned, more severely than before.

On the subsidence of this last fit I resolved to open a vein in each arm, and to allow the blood to flow until an impression was made on the condition of my patient.

When about 30 additional ounces had been thus abstracted, the face of the patient was observed to grow pale; the pulse faltered, and the head drooped upon the shoulder. I immediately allowed her to fall back upon the bed, and had hardly finished tying up the arms when she asked for the night chair; so immediate and decided was the relief afforded by the abstraction of a *sufficient* quantity of blood.

She was now sufficiently conscious to enquire what we had been doing with her; her bowels acted freely, and though not quite herself for several hours, she from this time gradually recovered, having no return of the convulsions. It may be proper to add, however, that seven days afterwards, having had nothing of the kind before, she was seized with the pains of labour, and in one hour was safely delivered of a still-born child, apparently not at the full period.

CASE II.

Mrs. R., about 24 years of age, usual health very good, was taken in labour of her first child on the 23rd of April. The waters had come away about seven o'clock a.m.; I was called to her about five hours afterwards, when I found slight, but gradually increasing pains, recurring at regular intervals. On examination, the os uteri was found dilated to about the size of a crown piece, but very thick and rigid, especially

the anterior lip; which, during a pain, was evidently pinched between the presenting foetal head and brim of the pelvis. Just as a pain was leaving her, about five p.m., she was seized with convulsions, without the slightest warning, having been conversing with cheerfulness immediately before the attack. The pulse, during the convulsions, was excited, but as these subsided, became calmer. As soon as was practicable I opened a vein of the arm, and took from 16 to 20 ounces of blood; consciousness, however, did not return for some minutes after.

On examination, the os uteri was now found much more expanded, its anterior lip much less prominent, and the head had fairly begun to occupy the pelvic cavity. Under these circumstances, she being now to all appearance as well as before the fit, I ventured to hope that the labour might be accomplished without a recurrence of the convulsions; but, in this expectation, ere an hour had elapsed, I was disappointed. Immediately on the occurrence of this second fit, I sent for my instruments, but before they arrived, a third attack had commenced.

The head was now found to have advanced sufficiently to admit of the forceps being used. They were, therefore, applied without delay, and the delivery of the child was soon effected by their aid. After the lapse of fifteen minutes the convulsions returned once more, but this attack was much shorter, and less severe. As it subsided, the placenta came away spontaneously; and up to the present moment the case has proceeded as favourably as after ordinary labour.

It will be observed that the degree of insensibility remaining after the convulsive movements ceased, was very different in the two cases, amounting to complete coma in one, while the other patient, in the intervals of the fits, appeared as if nothing had happened. This state of insensibility, as it may approach more or less to coma, appears to me a much better criterion of the severity of the disease, than the violence of the convulsions; and may, possibly, serve to guide us in practice, as to the extent to which depletion ought to be carried.

The pathological state on which the disease depends, was also obviously different in these two cases. In the first case the organ chiefly implicated was, doubtless, the brain; while in the second, the disease must be referred solely to the uterus.

This view of the subject explains why the treatment in the latter case, though less energetic, was not less successful than that adopted in the former.

I am, Sir,

Your obedient servant,

HENRY WILSON.

Runcorn, April 27, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 15, 1844.

The postponement of Sir James Graham's Medical Bill, however it may have had the effect of disappointing the expectations of those interested, has yet been attended with some advantages.

Among these, not the least important, is, that time has been allowed for the expression of opinion by parties interested in the question, and where such parties are or have been somewhat tardy in making known their views, it is obvious that had the measure progressed more rapidly towards a presentable state, the opportunity of becoming acquainted with them would have been altogether lost. These reflections apply especially to a statement now put forth, at what seems to be the eleventh hour, by the Society of Apothecaries. This document is entitled "A statement by the Society of Apothecaries, on the subject of their administration of the Apothecaries' Act, with reference to some supposed features of Sir James Graham's promised measure of Medical Reform," and embraces much that is worthy of attention and consideration. A note at the commencement, which we subjoin, informs us of the objects of the statement, and contains the extraordinary announcement that the Apothecaries' Company, one of the three legally recognized medical authorities of England, and the only one which has jurisdiction, or confers privileges throughout the country, has been kept in entire ignorance of the Government measure.

"The Society of Apothecaries," it is stated, "having had no opportunity afforded them of becoming acquainted with the details of the general measure of Medical Reform which her Majesty's Secretary of State for the Home Department has promised to lay before Parliament, would have abstained from making observations upon the subject until the Bill had been brought into the House of Commons, had they not ascertained that considerable misapprehension existed upon two points which materially affect the interests of the public, and more especially of that class of the profession which was entrusted to their superintendence by the Apothecaries' Act of 1815. These points are, first, the expediency of allowing the education and examination of the general practitioner to remain under the controul of his own grade; and secondly, the necessity of some penal enactment to protect the public from the intrusion of unqualified practitioners."

There can be but one of two inferences drawn from this withholding from the Society of all information in a measure in which they would seem to be so deeply interested. Either they are

to be retained in the full possession of all their privileges; the regulation of the standard of qualification, the examination, and the licensing of the general practitioner, are still to be entrusted to them, and the controul over this most important branch of the profession is to be left in their hands,—or they are to be unceremoniously discharged from their present duties, and at once deprived of their very existence as a Medical Corporation.

The Home Secretary of himself can know but little of what should be the constitution of the Medical Authorities of the country, nor of the best mode of supplying the medical wants of the community. It becomes, therefore, a matter of necessity, as well as of clear duty and right, that he should, while the subject is under the consideration of himself and colleagues, seek information wherever it is to be found, and in particular, confer with such legally constituted bodies, however imperfect these may be, which have been heretofore established. His not doing so is a tacit acknowledgment that, from some cause or other, they are to have no concern whatever in the contemplated arrangement. It might be neither necessary nor advisable to follow implicitly the opinions of any body of men, however high their reputation, but when the general principles of the new measure, intimately connected, as it cannot fail to be, with every corporate body associated with the medical profession, had been digested, and its details arranged so far as to admit of consideration, they ought in right, as well as in courtesy, to have been submitted to the Society of Apothecaries, as well as to the Colleges of Physicians and Surgeons. We do not doubt that the Home Secretary has acted, and is acting in this point, as he is understood to act in others, under the advice of some eminent individuals belonging to each class of the profession for which he is about to legislate. These, however, are not questions which a small number of persons, in whatever regard they may be held by the profession and the public, are qualified to decide upon.

The originator of the scheme of Medical Reform about to be submitted to the Legislature, whoever he may be, could not possibly produce a measure fitted to meet the existing requirements, unassisted by an extensive collation of the opinions of medical practitioners of all classes, and even had there been an individual gifted so intuitively with

the necessary amount of information and knowledge, the Government would not have been justified in blindly adopting his views. We do not indeed think it necessary that Sir James Graham should have taken into his councils every individual physician, surgeon, or general practitioner, who may deem himself qualified and competent to give advice, but his ear ought at least to have been open to large bodies of the profession, and in seeking assistance and counsel from, or submitting the whole or parts of his intended measure to the consideration of chartered or otherwise recognized public bodies, there should have been no preference shown, no exclusiveness manifested.

We have been so far led away by these preliminary considerations as to preclude us from here entering on either of the two leading points upon which the Society of Apothecaries think it necessary to enlarge. Both of them are in themselves of considerable importance, and the observations made upon them in "The statement" deserving of every attention, on account as well of the position of the body from which they emanate, as the nature of the subjects to which they refer. The comments to which they naturally give rise must be reserved for another occasion.

TREATMENT OF PUERPERAL CONVULSIONS.

Mr. DRUITT's reply to Dr. ARNOLD.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Your correspondent, Dr. Arnold, brings against me the double accusation of "much candour" and "wrong principles of treatment;" by which I suppose he means, that I not only do not know how to treat my patients, but am silly enough to tell of it. He is good enough also to favour your readers with his ideas of the nature and treatment of puerperal convulsions, which make me doubt seriously whether he is himself acquainted with the disease which he writes about.

My object was to show, that a remedy which is commonly employed, and which it is certainly natural to employ, may occasionally produce very serious inconveniences; and I wished to point out another remedy which would be a better promotor of secretion, and at the same time be free from the inconveniences in question. I had no wish to produce the opinions of authors as an apology for my treatment; nor, in fact, had I any occasion: it was correct, although unfortunate in one respect.

Dr. Arnold, if I understand him right, believes puerperal convulsions, to depend on an abnormal state of circulation in the brain, arising from sympathy with

the uterus; he believes it to be a disorder analogous to, or identical with epilepsy or hysteria; that it may also be caused by excessive hæmorrhage; and that it does not depend on an excess of blood in the whole system; consequently he would use only *local* bleeding, *mild* aperients, cold affusion, and other mild remedies.

I will leave it to your readers to judge whether this is a fair description of the disease in question, of which more than one-fourth of the whole number of cases are fatal. That convulsions may occur during parturition, which are hysterical or anæmic in their character, and which yield to mild remedies, I readily admit; but the real puerperal convulsions are widely different. They occur at a time when the blood-making powers of the system are exerted to the utmost; when the vessels are full, and the secretions scanty; and there is no disorder in which blood-letting is so well borne, or followed by such marked benefit. We may throw aside all fine spun stories about sympathy. Let us look merely at the turgid countenance, and comatose aspect, and feel the hard labouring pulse, and there will be no doubt of the propriety of bleeding.

To set at rest, however, the question of the utility of bleeding in my case, I will merely observe that the patient is now in the seventh month of her second pregnancy; and throughout the term there has been a constant tendency to cerebral congestion and phethora. She is obliged to restrict herself almost entirely to a fish or vegetable diet, and to abstain from alcoholic stimulants in any shape. If she transgresses, she is immediately troubled with giddiness, and bleeding from the nose; and on one occasion lost a considerable quantity of blood from the rectum, with relief. This will speak volumes to any practical man.

I will not notice any other of the points of my treatment, which your correspondent thinks he could have improved upon. I am merely desirous that his erroneous sentiments, on a very important disease, should not pass without a hasty comment. I can assure him, that in any controversy, I should be delighted to have him for an opponent.

I am, Sir, your obedient servant,

ROBERT DRUITT.

6, Bruton Street, London,

April 29, 1844.

BIRMINGHAM PATHOLOGICAL SOCIETY,

March 2, 1844.

JOHN SIMONS, Esq., in the Chair.

Mr. Elkington exhibited a specimen of Scirrhus of the Uterus, which had been complicated during life with Ovarian Dropsy.

CASE.

Mrs. Low, aged 41, a strong active woman, mother of one child—first felt unwell in January, 1843; she had dyspepsia and pain in her back, which were relieved by tonics, &c. In April she had an inflammatory attack, affecting, she says, the lower part of the belly, accompanied by fever, pain about the pubic region, constipation, and pain in making water. She was relieved by leeches and antiphlogistic measures; she then went into the country and remained there for some weeks. She consulted me on her return in September. I learnt that *whilst she was in the country*

she had had swelling of the right leg, which, from her description, was probably phlegmasia dolens; obstinate constipation, pains about the pelvis, and a constant watery discharge from the rectum. She now complains of great difficulty in regulating her bowels, and cannot keep them open without aperients; she says when the motions are figured, they are very small, not thicker than the little finger. She has a frequent watery discharge from the rectum, which escapes generally when she lies down, and to the amount perhaps of a table-spoonful or two, each time. Whilst she was in the country she states that she was obliged to get up in the night every ten or fifteen minutes to evacuate the bowels, and that nothing passed but a small quantity of clear water. On examination externally a small circumscribed tumour in the left iliac fossa, about the size of a small orange, immoveable and semi-elastic was detected. On examination per vaginam, I found a firm inelastic tumour, occupying the greater part of the cavity of the pelvis; it was low down, hard and fixed, and seemed to consist of enlargement of the uterus. It appeared to occupy *anteriorly* more the left side of the pelvis, and the left side of the vagina was puckered, as if adhesions were formed. On examination per rectum, the tumour was found posteriorly larger on the right side, and encroaching very much on the cavity of the rectum, greatly interfering with the passage of the fæces. She had very little discharge from the vagina, and that merely an increase of the natural secretion; there was slight tenderness and swelling of the lips of the os uteri. She had lost flesh, and was gradually getting thinner. She suffered from a sensation of weight and heaviness in the pelvis, but not much from pain. The most distressing feature of the case was obstinate constipation. The legs became œdematous; she gradually got thinner and weaker, became dropsical, increasing to a great size in the belly. She died Feb. 2, 1844. The treatment was palliative.

Post-mortem, Feb. 3rd. We could only get permission to examine the abdomen. About two gallons of serum were drawn off from the cavity of the peritoneum. On opening the abdomen we found the peritoneum lining the parietes covered with numerous small tumours, varying from the size of a pea to that of a large marble; the omentum was like a bunch of large grapes; the under surface of the liver was studded with them, and the small intestines had also a sprinkling of them. There were bands of lymph tying the intestines to the parietes; there was also lymph deposited on the liver and spleen. With some difficulty we removed the contents of the pelvis. On examination we found the uterus enlarged and very hard, having the true scirrhus character, the os patulous; the lips swollen, and upon the anterior lip three small ulcerations, the largest about the size of a split pea, and superficial. There is a scirrhus growth from each side of the body, commencing at the upper part of the cervix, and which terminates in a cyst the size of a walnut, filled with serum; the right Fallopian tube is enlarged, hardened, and firmly united with and forming part of the uterine tumour; the left Fallopian tube is united with the surrounding parts; posteriorly, the rectum is adhering to the lower part and middle of the uterus, from which it cannot be easily separated; behind the fundus there is a portion of the ileum adhering; on the fore part the bladder adhered firmly to the uterus throughout,

and was with difficulty dissected from it; the left ovary is enlarged to the size of a small orange, forming a cyst filled with fluid; the right ovary has formed a cyst, which has ulcerated, and discharged its contents into the rectum. A probe may be passed from the cyst into the intestine.

It is surprising that she felt so little pain, her sufferings being caused chiefly by her size from the effusion. This case points out the necessity of carefully ascertaining the condition of the uterus in all cases of ovarian dropsy, before attempting any operation for the removal of the ovarian cyst. It clearly shows the co-existence of the one with the other. Which was the primary seat of disease, the uterus or the ovaries, it is difficult to say; but it is probable that the uterus was the first to take on disease, from the extent to which the whole of that organ was affected, and the extensive adhesions formed between it and the adjacent parts. It is probable the reason she suffered so little pain, was in consequence of the ulcerative process having so recently commenced. If the ovarian cyst had grown more rapidly, and acquired a larger size before the uterus had become so decidedly diseased, and before the general health had suffered to such an extent, it is possible that an attempt might have been made to remove the cyst. It demonstrates the necessity of great caution and nice discrimination in such cases, as well as the risk and danger of an operation.

Mr. Elkington then presented to the society a specimen of corroding ulcer of the cervix and os uteri.

He gave the following account of the case:—Mrs. Doley, aged 44, has had one child and one abortion: first felt poorly about Christmas, 1842. A few months before that time she was a plump, healthy, young-looking woman. In March, 1843, she had pain in her back, and observed a coloured vaginal discharge. She consulted my brother, Mr. John Elkington, about the end of April; at that time she was beginning to get thinner, complained of aching in her back, and that her appetite failed her. The uterus was so low down, that my brother was able to see the os uteri without the aid of the speculum. He says there was a large fissure on the right side of the anterior lip of the os uteri, and nearly two-thirds of the anterior lip at that early period was destroyed. About a fortnight after she was seen in consultation with Dr. Ingleby, and examined with the speculum.

The ulceration was distinctly seen, and found to be rapidly increasing. It was declared to be corroding ulcer. From this time the speculum could not be used, the attempt to use it causing great pain and some hæmorrhage. The ulceration gradually extended. On examination per vaginam no hardness surrounding, nor fungoid growth from the surface of the ulceration could be detected. On making an examination per vaginam, the finger in passing over the ulceration did not give much pain. She suffered a martyrdom of pain, was scarcely ever free from it, and could only obtain relief by the constant use of opiates. She had at times retention of urine, and obstinate constipation. The vaginal discharge varied in quantity, colour, and quality. Sometimes it was copious, at others, slight; sometimes very offensive, at others not at all so. On examining per vaginam, at different times, no particular hardness of the surrounding structures could be

detected by the finger. About ten days or a fortnight before she died (which was in February last) she had an attack of peritonitis, this was relieved by warm applications, injections, &c. She then became drowsy, comatose, and apparently easy, so that her friends thought she was getting better, and requested another consultation.

Post-mortem—External aspect; great emaciation. The abdomen only was examined. The intestines were pale, the rectum, cæcum, and colon very much distended by scybala; the pelvic viscera were with great difficulty removed; the rectum was adhering to the back part of the vagina; the ileum to the upper and back part of the body of the uterus; the whole of the cervix and os uteri were destroyed. There is no appearance of fungoid growth from the surface of the ulceration; it has an even granular surface; the ulceration had extended into the cavity of the abdomen, and destroyed a portion of the ileum where it adhered to the body of the uterus; the fundus and body of the uterus are very little, if at all enlarged, and apparently not altered in structure; there is no particular hardness of the uterus; there is a small patch of redness at the fore part of the fundus; there is a considerable deposit of hardened matter in the cellular structure at the sides of the pelvis, more particularly on the right side, and which has all the appearance of true scirrhus. It surrounded and greatly obstructed the termination of both ureters, causing great increase in their size, and also considerable distension of the pelvis of each kidney, the right being enlarged to the size of a hen's egg; the right ureter nearly as large as one of the small intestines; on the inside of the bladder, opposite the termination of the right ureter, are pearly white bands of scirrhous matter; the lumbar and mesenteric glands were enlarged, but soft, and when cut into presented the appearance of the internal structure of the spleen, both in colour and consistence. It may be well to observe that the mother of Mrs. D. had uterine disease, and had suffered from a swelling on the left side of the belly, just above the groin, accompanied by a purulent greenish offensive discharge for nearly three years before her death. She died at 62.

This case presents points of interest and importance. The character and almost constancy of the pain, the origin and progress of the disease, and its association with disease of the surrounding structures, would lead one to conclude that it was a case of ulcerated scirrhus. But on the other hand we must bear in mind there is no enlargement nor change of structure in the fundus or body of the uterus, and that the ulceration was almost the first symptom observed, and was not preceded nor accompanied by any tangible or discernible hardening of the uterus. The character of the ulceration when first seen, its progress and appearance as observed at different times, as well as its condition after death, justify the opinion, that it was *corroding ulcer* of the cervix and os uteri. I am aware the opinions of our best authors on the subject are opposed to such a conclusion. Dr. Ashwell says, "there is less pain than in cancer of the womb, from which it also differs in there being no indurated deposit, no immobility, and no fungoid growths in the seat of the ulceration." Dr. Lever says, "one singular feature is peculiar to this disease,

that there is no deposition of new morbid matter, either in the uterus itself, or in its neighbouring parts." Sir C. Clarke says, "after death there will appear abundant evidences of the destructive process, but no hardness, no thickening, no deposit of new matter." Notwithstanding the formidable array of evidence against such a conclusion, I cannot help considering this as a case of corroding ulcer. Viewing it as a malignant ulceration, following inflammation of a specific character, I see no reason why it might not exist with, or be followed by, deposition of hardened matter, in the surrounding structures, and more particularly in the cellular membrane. I think it possible it might occur in a person with a cancerous diathesis. Because such has not hitherto been found to be the case, we are not justified in concluding that it cannot occur. The opinion of Madame Boivin and A. Dugès appear to coincide with this view: they say, in their excellent work on diseases of the uterus and its appendages, translated by Heming:—"But it is of ulceration, originally seated in the uterus, and originally ulcerous, that we now speak; we merely premise that the *local characters*, as well as the *general effects*, are absolutely the same in ulceration carried to its highest degree, whatever may have been its cause, whether it have or have not been preceded by tumours or deep-seated disease. In the latter case, certain symptoms, peculiar to cancerous tumour, may indeed still exist; but we must add that the *tumefaction and change of texture* may also (though less frequently) be secondary to the progress of cancer essentially and originally ulcerous." p. 264.

The preparation exhibited may be interesting in another point of view; in reading us a lesson of caution as regards the operation of excising the cervix uteri for ulceration, &c. If excision had been practised in this instance, at an early period of the disease, it is very possible the result might not have been successful, owing to contamination of the cellular structure.

Mr. J. Russell, jun., exhibited a specimen of colloid cancer, taken from the face of a man. For the particulars of the case, which are as follows, we are indebted to Mr. Clayton, one of the dressers of the hospital:—

John Fenton, aged 71, a widower, by trade a steel worker, of good general health, consulted my father early in May for a tumour in the left cheek. About two months previously his attention had been called to a small lump near the anterior edge of the left masseter muscle: it was as large as an almond, hard, and perfectly free from pain. The integument covering it was not discoloured. It enlarged rapidly, and in two months was as large as a small egg. When examined by my father and myself, its shape was somewhat pyramidal, with a base of tolerably firm consistence; but at the apex, where it was soft, obscure fluctuation could be felt. I believe iodine was recommended, but without benefit; and a puncture having been made with an exploring needle, nothing but blood flowed out. At this period of the case the tumour was moveable on the subjacent parts, and unattached to the skin, which was quite free from discolouration. Subsequently it grew more rapidly, and became the seat of shooting pain extending towards the ear. The skin became attached, and acquired a reddish tinge. He was admitted into the

hospital, June 24; the increase in the size of the tumour proceeding rapidly, and the attachment of it to the skin becoming more general and intimate.

At his admission, he is described as a hale old man, in good flesh; his health not affected, his appetite good, bowels regular, pulse 76, soft. His nights were disturbed by acute pain in the tumour shooting towards the ear. The pain was less severe by day, but was brought on by handling the tumour, although it was free from tenderness.

The tumour was as large as an orange; it occupied the left side of the face, reaching from the zygoma to the inferior edge of the lower jaw, and from the angle of the jaw behind, forwards to within an inch of the symphysis. Its surface was smooth and rounded, the skin covering it was of a pink hue, but not traversed by enlarged veins, and adhered to the tumour. It was soft, elastic, and fluctuating, on its most prominent part; the base and the part nearest the chin was firm, and had a solid feel. It seemed to be loosely connected to the parts on which it lay. It did not cause any paralysis of the muscles of expression; none of the neighbouring absorbents were enlarged.

July 5th. On puncturing the tumour with a bistoury, only a small quantity of blood escaped, and a soft gluey substance protruded from the wound. The operation of removal was at once performed. The base of the tumour adhered intimately to the buccinator and masseter muscles. The upper part of the parotid was exposed, and the process of the gland which accompanies the duct was indurated, and required removal. The softness of the tumour, and its intimate adhesion to the parts in which it was imbedded, rendered the dissection difficult. The whole of the disease appeared to have been removed. The tumour was enclosed in a slim but dense cellular cyst, and consisted of two portions; one soft, pulpy, and adhesive, like glue, contained in numberless cysts, having an amber colour, and forming the great bulk of the swelling; the other solid but not hard, of whitish colour, resembling firm brain; this firmer portion formed the base of the tumour.

For five days his face went on favourably, but on the 10th of July the wound became painful, red, and hard; a poultice was applied, and the discharge continued profuse for several days, when a small fungoid elevation protruded itself through the wound; this was cauterized with potassa fusa, but it increased with rapidity. Repeated attempts were made to destroy it with potassa fusa, chloride of zinc, and twice with the actual cautery, but without success. On the 9th of August, a month after the first operation, the tumour was again removed; it was composed of the same soft gummy masses as at first. For three weeks the granulations appeared so firm and healthy that hopes were entertained that the disease was eradicated, but on the 28th, a fungous mass again appeared. The remedies before alluded to only aggravated the mischief; the mass was included in a ligature, but with no better success. Latterly it grew with great rapidity; hæmorrhage repeatedly occurred to a large extent; he became greatly emaciated, and complained of much pain at the lower part of the fungus, and in the epigastric region. He died December 22nd, worn out by pain, by hæmorrhage, and by a profuse fœtid discharge, more than five months after the first operation, and four months after the second.

Sectio cadaveris, thirty hours after death; body much emaciated; a large fungous mass occupied the left side of the face; it resembled in appearance softened brain; it extended from the lobe of the ear nearly to the symphysis of the lower jaw, and downwards as low as the pomum Adami; it was intimately connected with the muscles of the face, but did not enter into their substance; it was attached to the periosteum, covering the angle of the lower jaw, which was very thin and discoloured, though the bone itself was free from disease, and passed upwards on the internal surface of the inferior maxillary bone.

Chest.—The lungs perfectly healthy. The endocardium of the left auricle of the heart thickened and opaque, the valvular apparatus natural, but both the coronary arteries were extensively ossified, one of them being converted into a complete bony tube.

Abdomen.—Liver small and friable; its capsule very opaque; the gall-bladder thickened and hard; it contained about two teaspoonsful of a yellowish fluid, of the consistence of pus, and there were two calculi in it, filling up a large portion of its cavity. A considerable quantity of bile was found in the stomach. All the other viscera perfectly healthy; not a trace of the disease existed in any other organ of the body.

Dr. Blakiston exhibited to the Society a specimen of dilatation of the thoracic aorta, which was taken from a gentleman, aged 45, of very active habits. He had been slightly troubled with cough on lying down, and with dyspnoea for two years, which symptom had greatly increased during the last four months, during which time he had not lain down, and constantly leaned forward. When thus leaning the respiratory murmur was heard in the upper part of the right lung, but when he stood upright, it ceased. From this circumstance the existence of a moveable tumour in front of the trachea was made apparent. There was no abnormal sound, nor any thrill in pulsation. He died coughing violently. The aneurism was caused by dilatation of the arch of the aorta, particularly about the origin of the arteria innominata, was rather larger than a full-sized orange, and adhered chiefly to the trachea for three inches, just above the bifurcation, and over-lapped the right bronchus, particularly its first and upper branch, but did not adhere to the parietes of the chest.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am instructed by the Medical Board of this Institution to request the favour of your giving insertion to the accompanying, in the *Provincial Medical and Surgical Journal*.

I have the honour to be, Sir,

Your obedient servant,

E. G. HILL, Secretary.

Gloucester Infirmary, May 11, 1844.

GLOUCESTER INFIRMARY.

Medical Board, May 10, 1844.

Present:—

DR. EVANS.

MR. FLETCHER.

DR. FLETCHER.

MR. BUCHANAN.

MR. WILTON.

MR. WOOD.

On the consideration of a published report of certain

proceedings of the Gloucestershire Medical and Surgical Association, it was resolved,—That the following answer to the statement therein contained be adopted, and published, to circulate through the same channels in which the report appeared.

In reference to certain proceedings of the Gloucestershire Medical and Surgical Association, recently published, we beg to present the following reply :—

Attached to our Hospital are two Physicians and four Surgeons, who form the Medical Board. Our Senior Surgeon, who is also the President of the Gloucestershire Medical and Surgical Association, applied, in that capacity, some months ago to the Weekly Board of Governors for the use of the Board-room of the Infirmary, for the meetings of the Association, and a meeting did accordingly take place ; but no minute of leave to use the room for this purpose having been entered on the books of the Weekly Board, on the approach of the next meeting of the Association the following proceedings took place :—

(Extract from the Minutes of the Weekly Board, February 8, 1844.)

“An intimation having been made to this Board that a meeting of the Gloucestershire Medical and Surgical Association is proposed to be held at this Infirmary ;

“Resolved,—That Mr. Wilton, Senior Surgeon to the Institution, be requested to attend the Board on Thursday next, and that he will be kind enough, on that occasion, to explain such particulars as may enable the Board to form a decision as to the propriety of affording the use of a room in the establishment for such purpose.

“Ordered, that a copy of the foregoing resolution be forwarded to Mr. Wilton.”

(Extract from the Minutes of the Weekly Board, February 15.)

“Mr. Wilton attended this Board, as requested by the Governors, on Thursday last, and having satisfied them that an assent had been given some time since, to the occasional use of the Committee-room, for the accommodation of the Gloucestershire Medical and Surgical Association, whose purposes are the improvement of professional knowledge, by reading papers on subjects connected with medical and surgical science, the exhibition of specimens, morbid and natural drawings, &c.

“Resolved,—That the Board now assembled readily assent to the use of the Committee-room for the purposes specified, and regret that a minute was not ordered to be made on their records, that such assent had been obtained by Mr. Wilton on a former occasion.”

On the day on which this assent was obtained, three of the Medical Officers, who are not members of the Association, having casually met in the receiving room for patients, expressed mutual surprise at having been that morning invited to attend an introductory address to be read before the Association in the Board-room on the same evening.

On being joined by Mr. Wilton, they stated to him that they felt aggrieved that he should have proceeded thus far without once conferring with his colleagues on a matter in which they considered themselves

entitled to be consulted, and in which they were on many accounts materially interested ; and Mr. Wilton expressed his regret at his apparent want of courtesy, which he said was inadvertent.

A meeting of the Medical Board was summoned for the following Tuesday, at which all the members thereof attended, *two, besides Mr. Wilton, being members of the Association*. At this meeting all Mr. Wilton's colleagues joined in requesting him to obtain from the Weekly Board, in any way that he might think proper, a suspension of the confirmation of their minute allowing the use of the Hospital for the purposes of the Association until the subject should be discussed by the Medical Board. Mr. Wilton having positively declined to do this, his colleagues presented the following minute at the next Weekly Board :—

(Extract from the minutes of the Weekly Board, February 22.)

“Gloucester Infirmary, Feb. 21, 1844.

“We, the undersigned, members of the Medical Board, beg respectfully to request of the Weekly Board that they will suspend the confirmation of their minute, allowing the use of the Committee-room for the purposes of the Gloucestershire Medical and Surgical Association. We make this request because the application having been made, and the assent of the Weekly Board obtained without our knowledge, we feel that some time may be fairly required for deliberation, thereby to enable us to present our opinion to the Board upon a measure of such importance.

(“Signed)

“THOMAS EVANS, M.D.

“RALPH FLETCHER, M.D.

“W. H. FLETCHER.

“T. C. BUCHANAN.

“ALFRED JOSHUA WOOD.

“The foregoing Address having been considered, it was proposed by Dr. Evans, and seconded by Mr. Fulljames, that the confirmation of the minute in question be suspended until the further opinion of the above-named Medical Gentlemen shall have been obtained.

“An amendment having been moved by Mr. Sage, and seconded by Mr. Turner, ‘that the said minute be this day confirmed,’ and the Chairman having taken the sense of the Board upon the respective propositions, that gentleman declared the previous question to have been carried.”

The five Medical Officers whose signatures are attached to the above minute attended the meeting of the Weekly Board, but *did not vote*.

At the succeeding meeting of the Weekly Board, the following minute of the Medical Board was presented, and also a note from Mr. Wilton, disclaiming any part in their report.

(Extract from the minutes of the Weekly Board, February 29.)

“Gloucester Infirmary, Feb. 27, 1844.

“(1.) To the Governors of the Infirmary assembled at the Weekly Board.

“The Medical Board beg respectfully to express their opinion, that should the Governors allow the use of the Infirmary, or any part of it, to the Gloucestershire Medical and Surgical Association, the meetings of such Association, being held for purposes connected with the Medical Profession, shall take place under

such regulations as the Medical Board may decide to be advisable, a privilege to which with submission they think themselves fairly entitled.

"The Medical Board feel, and have always felt great pleasure in rendering this Hospital available for the promotion of the objects of Medical Science, and have ever made it of easy access to members of their profession.

"The above letters having been considered, it was resolved (two dissentients) that it is the opinion of this meeting that the Weekly Board have not the power to grant the use of this Committee-room, or any part of the Hospital, for any purposes not directly or immediately connected with the objects of this Institution."

On this occasion two of the Medical Officers were present, *but did not vote*.

The question was *again introduced* at the quarterly meeting of the Governors.

On the occasion of this discussion none of the Medical Officers were present; and the question was negatived in a most decided manner, only its proposer and seconder voting in its favour.

Mr. Wilton's colleagues did and do feel themselves aggrieved by the course pursued towards them by him, which however inadvertent, was yet carried on consistently, and for a considerable period.

It has exposed them to an unjust charge of illiberality and want of generous feeling, for claiming to themselves what they believe every right thinking person would and ought to claim, the privileges of a voice and an opinion in the administration of that department of the Institution which is their peculiar province. As to their having instigated and promoted the decision of the Governors upon the question, they reply that the subject was discussed on three several occasions, twice by the Weekly Board, and once at a Quarterly Meeting; and on two of these occasions the attendance of Governors was much more numerous than usual. That the statement made by Mr. Wilton, that his colleagues, or any of them, voted on two of those occasions, is utterly incorrect; and they now, individually, declare, that they did not, on any occasion, induce, or endeavour to induce, the attendance or the vote of a single Governor; nor did they instigate the decision at which the Governors did ultimately arrive, or take any part in the proceedings further than was in strict accordance with, and limited by, the terms of their written report. In fact, at the second meeting, only two of the medical officers were present, and during the discussion at the Quarterly Meeting, not one.

What, then, are the simple facts? Five out of the six Medical Officers of the Infirmary, finding that the privilege had been granted to one of their colleagues, without their knowledge or consent, to introduce a Medical Association to the Infirmary, for the purposes of holding periodical meetings, at short intervals, request of the Weekly Board, in the first place, that they will afford them an opportunity of deliberating on a measure of such importance; and finally, that such meetings, if allowed at the Infirmary, may take place under the regulations of the Medical Board of the Institution. These, neither more or less, are the grounds upon which a statement has been made, and proceedings published and circulated to the profession, the Governors of the Infirmary, and the Association,

the evident and almost avowed object of which, whatever its effect may be, is to draw down upon us the reprobation of the public, and of our professional brethren.

We pledge ourselves that what we have stated is the truth, and the whole truth; and we fear not to ask the Profession, the Governors, and the Association, whether the conduct we have pursued is not what any one of them would have adopted under similar circumstances.

(Signed)

THOMAS EVANS, M.D.
RALPH FLETCHER, M.D.
W. H. FLETCHER.
T. C. BUCHANAN.
ALFRED J. WOOD.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In consequence of the recent proceedings of the Gloucestershire Medical and Surgical Association, we have thought it proper to withdraw our names from the list of its members.

Your obedient Servants,

RALPH FLETCHER, M.D.
W. H. FLETCHER.

PROVINCIAL MEDICAL PRACTITIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I wish you could stir up our provincial brethren to make their state better known in the metropolis; more justice might then be done to us, and those leading characters, who have the ear of her Majesty's ministers, might instil principles of future legislation, suited to our condition and the wants of the public.

The ignorance occasionally betrayed by writers in the metropolitan weekly journals is really surprising. I remember the time when I was grievously abused in one of those journals, and held up as a *pure* to the contempt of my humbler neighbours: an error I never took the trouble to correct. I now observe an opposite mistake, which leads me to address you. It is difficult to conjecture who writes the leading articles in that respectable journal, the *Medical Gazette*, surely some novice must have tried his hand in this way in the number of last week,* or he could not have spoken of Benjamin Bell's "*book on Wounds*," nor have affirmed that "the surgeons to all our provincial hospitals are general practitioners," and indeed "all our extra-metropolitan surgeons, without exception." Now, the fact is, that at Worcester, Exeter, Manchester, Birmingham, Oxford, and several other of the large provincial hospitals, *pure surgeons only* hold office; in some of them there is a rule excluding general practitioners from being candidates. This ought to be known, and I hope you will be able soon to place a correct return of all provincial *pures* before the *readers* of your journal, amongst whom rank the editors of each London weekly.

* May 3, 1844, p. 163. On the New Charter of the Royal College of Surgeons in Ireland.

When such a statistical return shall be made, more correct reasonings may arise upon it than can now be offered; but however small the proportion of *pures*, it will not, I apprehend, alter the force and justness of some remarks contained in the *Medical Gazette*, such as when the editor asks whether "there be aught disreputable in any man of liberal professional education sending to his patients, from his own house the medicines which he had himself prescribed? We think we have said enough to satisfy every unprejudiced mind, that the general practitioner, with his private surgery, and whose apprentice or dispenser, compounds his prescription, is every whit as good and as respectable a man as he whose recipe goes to the next druggist's shop."* These ideas will prove so palatable in the provinces, that we shall be glad to hear more from this writer in the same strain, and can pardon his literary and statistical mistakes.

I would have your journal, Mr. Editor, exhibit the real state of the profession in the provinces; and unless an experience of some thirty years has misled me, I predict that it will evince a gradual improvement in the general practitioners, both as to knowledge, manner, and respectability, until they have come so powerfully into collision with the *pures*, whether surgical or medical, that these latter classes, and particularly the medical, have descended to half-crown fees for advice or visit, and are no longer what the press represents them to be, "superiorly learned, more extensively educated, more at leisure to advance their science, more capable of doing it—the consultants in all difficult cases," &c.

Hoping the collision will continue to the further advancement of the class to which I belong, and until each shall pass for *quantum valet*, reckoning his talent, industry, acquirement, practical skill, and integrity.

I remain, your obedient servant,

May 6, 1844.

Q. Q.

* *London Medical Gazette*, p. 143.

[We cannot agree with our correspondent, Q. Q., in whom we recognize, notwithstanding his assumed incognito, an accomplished surgeon as well as an esteemed general practitioner, in the wish to estimate the services of *any* class of practitioners by half-crown fees. His advice in any capacity we should value at a much higher rate than he seems disposed to place upon it; the drugs, appliances, &c., with which it might be accompanied at precisely the sum for which they may be obtained genuine in any commercial establishment.]

VACCINATION UNDER THE POOR LAW.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have to inform you, in reply to the letter of the Medical Officer of the Ely Union, that 2s. 6d. is paid for every successful case of vaccination, either at a home station or otherwise, by the Guardians of the Clutton Union, near Bristol.

I am, Sir,

Your most obedient Servant,

VERAX.

POOR LAW MEDICAL RELIEF.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subject of Medical relief to the sick poor is just now occupying a good deal of public attention, and both in parliament and without, I believe an opinion prevails that the systems for affording medical aid to the indigent sick are by no means *faultless*, and that the Medical Officers are very inadequately remunerated.

I see numberless complaints published in different Journals by correspondents, anonymous and otherwise; but I do not see any account of memorials to the legislature prepared and signed by Union Medical Officers themselves, setting forth their real grievances, and praying for relief. In this Union, (Newmarket) all the Medical Officers agreed to and signed a memorial to the Select Committee of the House of Commons now sitting, to deliberate upon this important question. (See *Provincial Medical Journal* for March 23.) And I do think, Sir, if the Surgeons in other Unions were to petition in a similar manner, stating the evils to be remedied, and asking the support to such prayer, of every member of the legislature with whom the individual practitioners might have interest, that the present unenviable position of the Union Doctor might be very much benefitted.

Any permanent or satisfactory amendment in the system can only be looked for from the legislature and from the Poor-Law Commissioners. I submit, most respectfully, that now is the time to make known our grievances in the proper quarters. To my brother Union Surgeons then I would suggest, but humbly and with deference, "Petition! petition! petition!" Trusting you will excuse my intrusion,

I have the honour to be, Sir,

Your obedient and humble servant,

RICHARD FAIRCLOTH.

Newmarket, May 10, 1844.

CHELTEMHAM GENERAL HOSPITAL AND DISPENSARY.

The following gentlemen were unanimously re-elected Medical Officers of this Institution, on Monday, May 6th, having completed their term of five years in office:—Drs. Gibney and Collings Robinson, Messrs. Fowler, Eves, Earle, Wright, and Hawkins.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members Monday, May 6, 1844. —S. G. Downing; A. Iles; S. R. Pittard; G. F. Mitchelson; F. Fitch; J. Lewis; F. L. Clementson; J. Clifton; J. P. Walker; H. N. Brake; J. R. Throbbalds; T. Scott; J. Hakes.

Admitted Friday, May 10, 1844.—J. B. Barry; M. H. Higginbottom; R. T. Cobbold; N. F. Hedley; J. Fitzmaurice; E. H. Edge; A. Stansbury; W. T. Walsh; W. Leapingwell; W. Brown.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE PRACTICE OF MIDWIFERY, WITH REMARKS.

By JONATHAN TOOGOOD, M.D., Licentiate of the
College of Physicians, Bridgewater.

Midwifery is considered by some members of our profession too unimportant a branch of medicine to engage the attention of scientific men, who contend that the practice is degrading, and ought to be left to old women and nurses. The successful practice of midwifery however, at the outset of life, as surely establishes a professional man's reputation, as the contrary retards his progress; and it appears to me that the careful study of this branch of our art is absolutely necessary to avoid the mischief of "meddlesome midwifery," than which nothing can be worse. Impressed with this conviction, I attended closely to the subject during the early part of my life, and have practised it extensively nearly forty years. I propose to give the result of my practice during the first seven years, with such remarks as may be useful.

My register contains a list of eleven hundred and thirty five cases attended during that period, of which number the greater part were, of course, natural labours.

Eight cases presented with the face to the pubis, five of which terminated naturally, in one the forceps was used, in one the child was turned, and in one the funis descended with the head, and the uterus ruptured in delivery. Presentations of the face generally terminate without artificial aid, but the forceps will sometimes be required. I have employed them in three successive labours in the same patient, to whom I was called in consultation with another practitioner, who on one occasion had patiently waited the efforts of nature for more than fifty hours. In a few cases, if called early, I have turned and delivered by the feet, and in one case by turning the face to the sacrum. I have often attempted this, but succeeded once only. This patient was delivered of her first child by the crotchet, and in a subsequent labour in which I attended her, with the forceps, in a presentation of the face. Having been engaged to attend her, I desired to be called very early, and on making an examination, my finger went directly into the child's mouth; the membranes had not ruptured, and the uterus was well dilated; I made firm and steady pressure with my fingers on the parietal bone during a pain, the head revolved under my fingers, the membranes broke, and the child was born in a few minutes.

In six cases the perforator was used, two of which

terminated fatally during the month, and one soon after delivery; the three other cases did well, although in one the labour was protracted for five days before any attempt at delivery was made. The deformity was so extreme, that her delivery was considered impracticable, and she was abandoned. The projection of the sacrum was so great, that it was necessary to bend the perforator to a semi-circle before the head could be reached, and the child was brought away in small pieces with much difficulty. This instrument is seldom required; but that it has been often employed unnecessarily is too true. When I first began to practice in this town, I found to my astonishment, that it was the only one used in all cases of difficulty, and that the forceps or vectis had never been applied in any case. It is undoubtedly sometimes necessary in cases of sudden and immediate danger, and in great deformity, but I have been present at many labours which have terminated naturally in women who had been delivered in former ones, by the older practitioners, with the crotchet. Young practitioners are sometimes induced by the importunities of the patient and her friends to employ this fatal instrument, when, if left to their own judgment and discretion, they would patiently wait until other means of delivery were applicable. This is an error which I, in common with others, fell into in the early part of my practice.

The forceps were applied in fifteen cases, and all the children were born alive. I have always used the short forceps recommended by the late Dr. John Clarke, and by attending to the directions so clearly laid down in his lectures, never experienced any difficulty in applying them. He advised that no attempt should ever be made to use them until the ear could be felt, and that when they were fixed, the traction should be made from blade to blade, in the axis of the pelvis; and here I cannot help relating the mode he adopted to impress this important point on the attention of his class. The forceps, he would say, can only be successfully used after they are fixed in the axis of the pelvis; it is of consequence therefore that the axis of the pelvis should be well understood. Now if a party of Hottentots should happen to catch an unfortunate European, and determine to roast him in the axis of the pelvis, they would push the spit in at the umbilicus, and bring it out at the anus and as each individual pupil took the forceps in his hand, the Doctor used to say, "Remember the spit." I certainly never sat down to apply these instruments without recollecting and bearing in mind, during the operation, the illustration. In proper hands the forceps are useful and necessary, safer, and better adapted for

the preservation of the life of mother and child than the vectis. I have never employed them to save time, and always successfully. In one case the perineum was completely lacerated into the rectum, under their use, laying both cavities into one for a considerable space; and this arose from my neglecting to secure the patient properly during the operation. As the head was passing, she made a sudden spring, and getting beyond my reach, the perineum was unsupported at the critical moment, and extensive laceration took place. It however completely healed with so little inconvenience, that the patient was never aware of the accident, and having attended her in several subsequent labours, I had an opportunity of knowing that the union remained entire. Since that time, I have taken the precaution of making a strong woman lie down in front of the patient in all painful operations, to prevent the possibility of accident.

In three cases the arm presented, in neither of which did any particular difficulty occur. It is rather remarkable that amongst so large a number of cases, four only of original presentations of the arm have occurred in my own practice up to the present time, although I have been called to many, in consultation with other practitioners. Some have proved extremely difficult, but in all, delivery was effected by patient perseverance, without dismembering the children.

In eleven cases the breech presented, but nothing worthy of remark occurred in any of them. The practice of bringing down the feet, with a view of expediting delivery, is bad. It is often done by young practitioners, who will learn by experience, that the safest course is to allow the breech to be expelled as it presents.

In three cases the feet presented, one of which was remarkable: both feet could be distinctly felt low in the vagina, through the membranes, which were entire on my arrival, and remained so until the uterus was almost fully dilated, when they burst, and to my astonishment the shoulder presented. I lost no time in turning, which was easily accomplished, the pelvis being unusually capacious.

There were twelve cases of twin births.

Twenty-one cases of severe hæmorrhage occurred, two of which were fatal; one soon after the delivery, and the other six days after, from fever.

Uterine hæmorrhage is more frequent, more embarrassing, and more dangerous than any other accident in the practice of midwifery. It often occurs, in spite of all precautions which can be taken to prevent it, sometimes to such an extent, that, although the woman escapes with life, her constitution receives such a shock that the recovery is difficult and protracted; and at other times, after repeated attempts to rally, she sinks into a state of irretrievable weakness, and dies. The danger does not, however, always depend on the quantity of blood lost, as the following case will prove:—

Mrs. P., a healthy young woman, aged 24, was delivered on the 1st of March, 1826, after a natural labour; the placenta was expelled half an hour afterwards, without any unusual discharge of blood, but a draining followed, which, although not enough to require any restraining remedies, kept up a faintishness, and more particularly, as she described it, an

internal feeling of great weakness, from which she did not entirely recover for five or six hours. She never completely got up her strength, although she made many efforts to rally, but within a year fell into a consumption, and died.

Such cases are not uncommon, and when contrasted with others in which enormous discharges of blood occur, without either immediate or remote danger to the constitution, tend only to show the great uncertainty of the practice. Floodings have always alarmed me more than any of the various dangers attendant on parturition, from the conviction that a greater proportion of women die from that than any other cause. Dr. Rigby divides uterine hæmorrhage, before delivery, into two kinds, accidental and unavoidable; and the rules for the treatment of each are well defined, judicious, and safe. The plan of rupturing the membranes in accidental hæmorrhage was so strongly condemned in the school in which I was educated, that I cautiously avoided it in my early practice, until the publication of that able work, since which I have in every case adopted it, and invariably with success. Subsequent experience inclines me to believe that a more fortunate result would have attended the following case, if that practice had been pursued, instead of proceeding to turn in the usual way:—

Mrs. C., at the full period of her pregnancy, was suddenly seized with hæmorrhage after making a considerable exertion; it was so violent that she would have fallen to the ground if the nurse had not supported her. It had continued nearly three hours when I saw her. She was faint and very low, and although the violence of the discharge had abated, there was still much draining. My first care was to endeavour to recruit her, and she appeared to rally for a time, but the discharge still continuing to such an extent as to create great apprehension for her safety, I introduced my hand, and cautiously delivered by the feet. Such a discharge of fluid and coagulated blood followed the rupture of the membranes as I never witnessed before, nor since; and although the uterus contracted like a ball, and expelled the placenta into the vagina, she died in twenty minutes. Now, I believe, that if the membranes had been punctured, the hæmorrhage would have been restrained, and that she would have recovered sufficiently to have supported her delivery, the shock of which appeared to hasten her death.

But these cases do not often occur, whilst nothing is more common than hæmorrhage after the expulsion of the placenta. That many of these cases are occasioned by hasty and improper attempts to bring away the after-birth is too true, but it is equally certain that they frequently happen where no interference has taken place, and the whole process has been left to nature. In whatever manner flooding has been produced, no time must be lost in arresting it. It is not my intention to detail the various modes of effecting this object, or to discuss the merits of the different plans laid down in systems of midwifery, and I shall only observe that I have rarely witnessed any good effects from the application of cold, which, in my opinion, can never be depended on. In two or three instances marked benefit has followed its sudden application; but unless it produces an immediate good effect, it does harm, and

therefore I scarcely ever employ it. The introduction of the hand into the uterus is the most powerful agent in suppressing sudden and violent discharges of blood; and if done early, seldom fails; but if delayed until great exhaustion has taken place, the uterus is very apt to relax again, and expose the patient to a recurrence of hæmorrhage, and a repetition of the operation. As this is always a painful operation, though often a necessary one, it is desirable to avoid it; and for many years past it has been my practice to grasp the uterus in both hands, and keep up steady and continual pressure externally, in all cases in which there is a disposition to hæmorrhage. The ordinary modes of pressure which nurses employ generally fail, and the assistance of bystanders cannot be depended on. My plan is to kneel on the bed in front of the patient, get the uterus fairly within my hands, and lean the weight of my body on them. The pressure thus made is more uniform, and infinitely less painful, than the irregularly applied bandages of nurses or inexperienced assistants.

Experience warrants me in stating, that if this plan be effectually followed, it will generally render the more painful one unnecessary. But the most dangerous, because the most insidious flooding, is that which sometimes follows a perfectly natural labour. A woman has an easy labour, the placenta is expelled in the usual time by a natural effort, the patient and her friends rejoice at the happy termination, there is but little discharge, and the practitioner is about to take his leave, when his attention is arrested by an exclamation from the patient—Dear me! I feel very warm. The curtain is withdrawn, she is fanned, has a smelling bottle and a little gruel, expresses herself better, is told, and believes, that there is nothing the matter. If the practitioner leaves her, he will speedily be summoned again, to witness a scene of great danger, and perhaps, of death. This, I apprehend, was the case of the late Princess Charlotte. But if he remains, he will perhaps enquire of the nurse if there is much discharge and be assured that there is not; she will probably show him a napkin to prove her correctness, which satisfies him. Presently the patient exclaims again, Oh, dear! how faint I feel. Some gruel is administered perhaps, with a stimulant, or a few drops of laudanum; she revives, and all are once more satisfied. But this deceptive state is but of short duration, for in a very short time the faintness returns in an alarming degree, the pulse rapidly sinks, the countenance becomes pale, and unless active measures are immediately taken, the woman dies.

On laying the hand on the abdomen the uterus is discovered to be as large as before delivery, and on introducing it into its cavity it is found to be filled with fluid and coagulated blood. The withdrawal of the hand is followed by an immense discharge; sometimes the uterus contracts immediately and remains firm, and at others it wholly or partially relaxes, and blood continues to be poured out, or such a draining remains, as to keep the practitioner, the patient, and her friends, in a state of trembling anxiety for many hours. She sometimes recovers in a rapid and extraordinary manner, the constitution appearing to suffer nothing from such great loss; at others, if energetic means have been too long delayed, the recovery is slow and precarious, or she falls into a state of weakness and dies. Hæmor-

rhage, before the commencement of labour, always claims attention, and so does any unusual discharge during its progress and after delivery. Some discharge is always expected afterwards, and as but little appears externally in these cases, the hæmorrhage slowly proceeds internally, until the symptoms above detailed announce its extent and danger. The safety—nay, the life of the patient depends on the care, experience, and watchfulness of the attending practitioner, who should never rely on the report of the nurse or friends, but satisfy himself, if any unusual symptoms appear, that they do not arise from loss of blood. It is too much the practice of nurses, as well as friends, however kind and attentive they may be to the woman during her labour, to leave her to her fate as soon as she is delivered, and devote all their attention to the child.

Women are sometimes lost after profuse hæmorrhage, for want of attention in administering proper restoratives. In states of great exhaustion, patients frequently refuse nourishment, and the heart would cease to act if stimulants were not constantly and judiciously given, and under such circumstances a woman will make no effort herself, but would prefer, and indeed often entreats, to be left alone. That many cases are lost from want of diligent perseverance in recruiting the powers of life, is certain, and I feel convinced that I have been instrumental in saving many lives by gently but firmly insisting on this point, and compelling the woman (if I may be allowed the expression) to live in spite of herself. Bread and milk is always at hand, and is seldom objected to. It should be boiled, and made rather thick, then quickly cooled, and some compound spirit of ammonia added to it. It is astonishing how large a quantity may be taken in a short time, and how grateful it generally is. All authorities agree in the propriety of giving opium freely, and brandy is sometimes necessary. I once gave nine wine-glassfuls, as quickly as it could be swallowed, after an enormous loss of blood, with the happiest effect.

The ergot of rye is esteemed by some a useful remedy in hæmorrhage from the uterus. It has not been successful in my hands. It is given much too indiscriminately during labour, sometimes it produces good effects, whilst at others it seems to be perfectly inert.

The placenta presented in one case, delivery was speedily effected, and the patient did well.

Twentyfour cases of adhesion or retention of placenta occurred which required the introduction of the hand for its removal. These are some of the most distressing cases in the practice of midwifery. It often happens that after a painful and protracted labour, when the woman hopes and expects her sufferings are over, she is obliged to submit to an operation as painful to her as it is distressing to the practitioner, and women generally describe the pain occasioned by the introduction of the hand under such circumstances, as worse than that of labour. I know no method of preventing it. It may be occasioned by too hasty attempts to bring the child into the world, but it often happens when the delivery is retarded, which is stated by some teachers to be an effectual remedy against such an occurrence. But that this plan often fails my own experience enables me to testify, indeed it does not appear to me by any means certain, that the attempt to retard the

birth of the child has not interrupted the regular action of the uterus and produced the retention. Generally, if the bulk of the placenta and insertion of the funis can be felt, on running the finger along the chord, there is no fear of its being retained; but this is not always the case, for it now and then happens, that there is a sudden and great discharge, or such a continued one as to excite some apprehension for the safety of the patient. Sometimes I have waited irresolute as to the proper course to pursue, and after the failure of external pressure on the uterus, and other means, have reluctantly been compelled to pass my hand, and occasionally regretted that it was not done earlier. It is certainly most desirable that the whole of the placenta should be removed; but the adhesion is sometimes so close that this can only be effected in detached portions, so that it is scarcely possible to bring the whole away; but, if after cautious attempts, small portions remain, it is safer to leave them than incur the risk of frequent rude and ineffectual efforts to scrape the uterus with the fingers, a practice which was adopted in a case which came to my knowledge, many days after delivery, which not only failed but terminated in the death of the patient. Careful and uniform pressure by a well adjusted bandage, or by the hands, appears to me the best mode of preventing this alarming accident.

Excessive flooding, in one case, was followed by phlegmasia dolens, which, after many weeks, proved fatal.

I have seen several instances of this disease, all of which, with this exception, have done well. Local bleeding and cooling applications have been most beneficial in the early stage, and after the inflammatory symptoms have subsided, the cure has been completed by mercurial friction, and wrapping the limb in oiled silk.

Symptoms of puerperal mania appeared in one case immediately after delivery, as soon as the patient was placed in bed. The disease was perfectly established in twenty-four hours, continued with great violence for many weeks, then gradually subsided. She passed through several subsequent labours without any recurrence of the attack, but died some years after of disease of the brain. Every other case which has fallen under my care has recovered.

The vagina ruptured to a considerable extent in two cases, the details of which will be found in a separate letter.

Puerperal peritonitis supervened in two patients, both of whom, recovered under general and local bleeding, and calomel, employed early and actively.

One woman died very suddenly an hour or two after delivery, the cause of which could not be correctly ascertained, an examination being refused, but which was suspected to be internal flooding, or rupture of the uterus.

In one case the uterus was ruptured in turning, from violent and sudden action. The woman was delivered and died a few hours afterwards.

Rupture of the uterus, in my opinion, happens much more frequently than is imagined or admitted, and many deaths, which occur soon after delivery and are not accounted for, may with truth be attributed to this cause. Ten cases have come within my knowledge, two of which were in my own practice. One is mentioned above, the other was so unusual, and from

peculiar circumstances so interesting, that I will detail it:—

The patient was a strong, healthy woman, about 30, it was her sixth labour, some of which had been very lingering, and on two or three occasions she had been exposed to considerable hæmorrhage, from imperfect contraction of the uterus after delivery. The membranes ruptured early in the morning, but no pains came on until the middle of the third day, when they continued regularly for three hours, by which time the uterus was largely dilated, the head had made considerable advance, and there was every reason to believe that the child would soon be born. The pains, however, gradually ceased, and for one hour and a half were entirely suspended, when she suddenly complained of excruciating pains in her legs, soon after of the belly, and violent forcing in the passage. From the toes to the knees the lower extremities were cold and somewhat livid; the pulse was very small, quick, and depressed; there was no vomiting nor collapse of the countenance usually attendant on such cases, and as the child remained in the same position, I did not suspect the dreadful mischief which had taken place, particularly as the circulation and warmth returned after administering a slight cordial. But she had no labour pains, and still complained bitterly of forcing and violent pains in the abdomen and chest, which she described as bursting. About two hours after, the breathing suddenly became oppressed, the pulse sank, the countenance became pale and bedewed with a cold sweat, and she died in a few minutes. On examination, the head was found to have receded, although a few minutes before, it was precisely in the same position as it had been during the last three hours. The post-mortem exhibited the uterus extremely thin, and rent across the whole posterior surface. It had contracted considerably, and the child, which was unusually large, had escaped into the cavity of the abdomen, which was full of blood. The ergot was given in this case at the request of the patient, who had been relieved by it in former labours. I regret its having been employed, although it may not have occasioned the unhappy result, but it appeared for a time to increase the frequency of the pains, and as the child was very large, especially the head, it might, by acting chiefly on one point, have thinned the uterus and disposed it to give way, whereas, if the case had been left entirely to natural efforts, the delivery might have been delayed so long as to warrant the perforation of the head, which afterwards would have been unavailing, even if time had permitted.

I remember a case occurring many years ago, at the Westminster Hospital, in which the uterus ruptured during the first stage of labour, and the woman died immediately. The preparation was carefully preserved by my friend, the late Mr. Clement Cruttwell, of Bath. In every case, except the last detailed, vomiting of coffee-coloured fluid, collapse of the countenance, and immediate cessation of labour pains have instantly followed this dreadful accident.

It is somewhat remarkable, that out of so large a number of cases, one only of puerperal convulsions occurred, and as the symptoms were carefully noted at the bed side, the detail may not be uninteresting. The patient was twenty-one years old, and was seized with labour pains at eight in the evening, in the seventh month of her first pregnancy. At one, a.m., the membranes ruptured,

the os uteri was dilated to the size of a shilling, and the pains regular and strong. At two she became suddenly affected with convulsion. It began with the most horrid distortion of the countenance, succeeded by convulsive twitchings; the limbs were violently convulsed, the breathing laborious. The fit continued about five minutes, then terminated, leaving the patient sensible but unconscious of the previous affection, and complaining only of a pain in the head. The pupils were much dilated, but contracted on the approach of light; there was grinding of the teeth, the arms and legs were affected with rapid convulsive shaking motions, and sometimes with plunges so violent as to thrust the bed from the sacking. The respiration seemed at first suspended, from suffocation, then foam was formed in the mouth, the breathing was stertorous during inspiration, long expirations followed, with blowing through the foam. The whole appeared suffocating and agonizing; the lips assuming at the same time a black, livid colour. The respiration became at length calmer, and the patient remained in a state of coma, from which she could not be roused; the pulse was frequent and regular. The fourth convulsion occurred about three in the morning; soon after, delivery was effected by the crotchet. There was no fit until seven o'clock, and another occurred again at nine, a.m. After this period the patient lay in a state of easy coma; sometimes, however, she would get up and turn herself in bed. The pulse was 132 and regular, the countenance pale, the feet cold. At five p.m., the pulse was 140, the coma deeper and constant, without any further symptoms. At ten, a.m., on the 19th, the pulse was 104, there was returning sensibility, she opened her eyes, put out her tongue, and gave rational answers when spoken to. There was no intoleration of light or sound, nor deafness. On the 20th, sensibility was perfect.

I have witnessed many cases since, all of which have terminated favourably, under active treatment speedily and resolutely employed. In this, seventy ounces of blood were drawn from the arm during the first three hours, besides a considerable quantity lost in the delivery, the head was shaved and blistered, cataplasms were applied to the feet, injections of turpentine administered, and a scruple of calomel given and repeated every third hour, until the bowels were effectually relieved.

In one case, the violent convulsions rapidly succeeded each other before the slightest dilatation of the uterus had taken place, but the active means resorted to arrested the attacks, and delivery took place the following day, without any recurrence of this frightful disease. The only fatal case which I have seen, was one to which I was called in consultation, after delivery had been effected, but all other means entirely neglected.

It is evident that the practice of midwifery involves duties of too responsible and dangerous a nature to be entrusted to ignorant women and nurses. All men do not possess the necessary qualifications, and are not equally adapted for it. He will be best fitted for the arduous task who possesses a good constitution, is capable of enduring great fatigue, and patiently submitting to many privations, with sound judgment and firm determination, without rashness, which he will often be required to exercise when exhausted by long watching and anxiety; in addition to which, if his man-

ner be kind and his disposition cheerful, the practice will be more agreeable to himself as well as to his patients. There is scarcely a case in the practice of medicine or surgery so urgent as not to allow time for consultation, but the midwife is often called on to act instantly, on his own judgement, in cases where delay would be death. How important then is the study of midwifery; an imperfect knowledge of its practical part may lead to the most deplorable consequences, where an error of the head or hand may suddenly bereave a fond husband of a beloved wife, children of a tender and affectionate mother, and plunge a whole family into grief, and probably, ruin.

In the year 1769, Dr. Andrew Douglas published a pamphlet, entitled "Observations on the Rupture of the Gravid Uterus," on referring to which I find that his opinion was, that ruptures of the uterus were accidents of frequent occurrence. I quote his words—

"There can be no doubt entertained of the frequency of ruptures of the uterus, when it is known that more than twenty cases, in which the fact was demonstrated by dissection, have been observed in London within the last twenty years. In Paris, Gregoire mentions his having seen sixteen in a practice of thirty years; and by Bonetus, Hildanus, and others, we are supplied with a number of similar instances. But the greatest number of these histories, having been preserved as records of remarkable rather than instructive facts, many important circumstances have been omitted or overlooked, from a presumption that the case was without a remedy.

"A considerable proportion of the deaths which have happened suddenly in the time of labour, or soon after delivery, may probably have been in consequence of a laceration of the womb, or its appendages; of some, the cause has not been discovered till after death, and of many more, has never been explained, from the bodies having been interred without anatomical inspection. Even when previous symptoms have afforded the strongest reason to believe that the uterus was the part affected, the precise situation and extent of the injury has still been undetermined, because it has been impossible to obtain leave to make the necessary examination."

In the same pamphlet he relates a case of extraordinary recovery from a wound of the uterus, the details of which are as follow:—

"A negro woman, of the island of Jamaica, who was well formed, and had borne three children in the natural way, when in labour of the fourth, was so impatient under her pains, as to be considered by her neighbours as delirious, though her sufferings did not appear to them more than commonly severe; but so violently did they affect the woman herself, as to induce her to make a long incision on the left side of her belly with a knife, part of the blade of which had been broken off, and so deep as to divide the skin, muscles, and uterus, and even to wound the left hip of the child. The opening was nearly in the direction of the obliquus descendens muscle, and so considerable, that the fœtus was immediately forced out upon the mat on which she lay, where it was found by a midwife who was called to her assistance, together with a great portion of the intestines. She tied the ¹pavel string, returned the bowels into the abdomen, and

without extracting the placenta, sewed up the wound, in the way practised on dead bodies. Dr. Morton, an able practitioner, was sent for as soon as possible, and saw her about three hours after the operation. He considered the mode in which the wound had been sewed up, as improper; had the stiches divided, directed the parts to be washed with warm water, and the bowels to be cleansed from the straws and sand which had adhered from their lying on the mat. He easily extracted the placenta, replaced the intestines, and brought the lips of the wound together by the interrupted suture. She had lost a great quantity of blood, and was put to bed speechless, without any pulse at the wrist. Her speech she recovered on the following day, but had a degree of fever some days longer, with very little lochial discharge. From that time she went on well, and was able to sit up at the end of five weeks, had strength enough to walk in a fortnight more, and in three months was perfectly recovered.

"Her mistress parted with her soon after this, but Dr. Morton, to know the remainder of her history, applied for information to a surgeon on the plantation to which she was removed. He received for answer that she had been regular in her menstruation from the time she had been under his inspection; had again become pregnant, and if she had not been carefully watched, would have chosen to repeat the operation, having declared her sufferings from that to have been trifling when compared with the pangs of child-bearing. Her labour was natural, and her recovery perfect."

Bridgewater, April 10, 1844.

PREVALENCE OF CALCULOUS DISEASES IN THE EAST INDIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It seems as if diseases spring up wherever we look for them, and that they are reported often to be absent in certain districts, because there is indifference in our profession as to their detection. I dare say, if a zealous lithotomist were to go to Holland, he would find that calculous concretions of the bladder are not quite banished; yet we rarely hear now of the occurrence of this form of disease, so prevalent a century and a half since, as evidenced by Rau's numerous operations, and by the still existing museums of pathology formed about that time.

A few years ago it was affirmed that urinary concretions were scarcely to be met with in the East Indies, and that when they did occur, the subjects were Europeans, who took with them the germs of the disease from their native country. This opinion has been proved erroneous by the occurrence of every recent year, and surgeons now, being operators, find numerous occasions for exercising their skill in the east.

I offer these remarks, for the purpose of naming that I lately received a letter from Dr. J. Jackson, of Calcutta, accompanied by a present of several calculi for my cabinet, removed by operation, and I have the pleasure of making public the following extract:—

"The subject of urinary calculus, and the improvements which are taking place in Europe as to its treatment, are full of interest to us in this country, where

the population is so numerous, and the disease so common, for the assertion made some years ago by —, and repeated by the surgical professors in my time, that *the disease did not exist in tropical climates*, is very far from truth. In the midland provinces, and in upper India, there are very few districts where the disease is not prevalent amongst the lower class of people, and it is particularly common amongst those who are badly clothed, and who live upon an unleavened wheaten cake, called *chepattie*, not unlike the Norfolk dumpling. I am not aware if the treatment by lithotripsy has ever been adopted in this country; there is but little disposition to inflammatory action amongst a people who feed only on vegetables and grain; so that the mortality is too slight amongst *the young* to call for any change, and the disease is rarely met with, as in England, amongst *the aged*."

The concluding remark of Dr. Jackson suggests to me one observation. In the aged, where disease of the prostate gland or bladder is so often the predisposing cause of calculus, it has been believed that vesical calculi might occur in any climate, and hence the aged were the class most liable to it within the tropics. It would be very interesting to find Dr. Jackson's statement as to the malady in question being more prevalent amongst the young, and less amongst the aged, corroborated by other experienced surgeons.

I remain, Sir,

Your obedient servant,

JOHN GREEN CROSSE.

Norwich, May 13th, 1844.

TREATMENT OF PUERPERAL CONVULSIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Whenever any controversy takes place with regard to treatment in any particular maladies, every case of the kind must be interesting, in whatever way treated, as having a practical, and therefore valuable bearing on the point at issue. As much has lately been written in your valuable journal upon the treatment of puerperal convulsions, I send you the history of a case recently treated by me; and, as undeserved blame has been cast upon Mr. Druitt for the mode of treatment pursued by him, it will be seen, that in making my case public, I am not unwilling to share the blame with him; on the contrary, I shall be most happy to be in his company on this occasion, as it was my good fortune to be some years ago.

I was called up about two o'clock on the morning of Sept. 27th, to see a lady whom I expected to find in labour; such was not the case. I learned that she had awakened suddenly in great terror, and, as she said, with acute spasm in her bowels; the face was extremely florid and swollen, the vessels of the neck and face were much distended, the pulse 90, hard and full. She complained of great pain in the head, especially over the left eye; I had a dozen leeches applied to the temples, followed by a cold lotion, and applied sinapisms to the eyes, and gave a brisk aperient. In an hour or two she fell asleep, and when I called about 10 a.m., she said she felt very well, and experienced no pain in the head, nor elsewhere. About eight o'clock in the evening I was summoned to be informed that symptoms of

labour (this was her second accouchement) had shown themselves; I slept in the house, but was not disturbed the whole night, her pains being so trivial and far between. When I arose about seven o'clock, on the 28th, I found my patient comfortable, but a little fatigued; the face was still swollen, and the pulse fuller and quicker than natural to her. I had not left her half an hour ere I was called in great haste, and from the attack on the previous night, and the swollen condition of the face and neck, I was almost prepared for that I met with. My fears were confirmed on opening the door, for I heard the lady screaming violently, madly, and found four or five attendants trying, fruitlessly, to keep her in bed; the eyes were glaring and furious, the whole face distorted, the muscular strength immense, breathing loud and stertorous; in fact she had puerperal convulsions. On making an examination, the os uteri was found to be dilated to the size of half-a-crown, and the head presenting naturally. I hesitated not to bleed, which I did from both arms at once, but with great difficulty from the smallness and depth of the veins. When 20 or 25 ounces of blood had been thus rapidly drawn, the pulse sank, the rigid limbs became pliable and enfeebled, and appearances of syncope took the place of the previous alarming symptoms. The child was born (dead) without a seeming effort. Much to my surprise and delight my patient gradually became composed, but not sensible, for many hours. As soon as I could prevail upon her to take it, I gave three grains of calomel, with ten of extract of colocynth, followed by an aperient draught. I need not add the subsequent treatment, as all went well. Now, I ask, who would have doubted the propriety of bleeding in this case?—who would have hesitated to bleed promptly and freely? I firmly believe that had I abstracted blood from the arm on the morning of the 27th, when first called, my patient would have had no convulsions.

I merely send you this case in order, by a practical illustration of its value, to justify the treatment pursued by Mr. Druiitt. My case bears a close analogy to Mr. Druiitt's in another particular, viz., that rather severe salivation took place, and yet I gave only three grains of calomel. I attribute this accident in both cases to the facility with which mercury produces its peculiar action when administered after large blood-lettings.

I am, Sir,

Your most obedient Servant,

FREDERICK COX.

Welford, Northamptonshire, May 17, 1844.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, MAY 22, 1844.

When the social interests or the moral and religious welfare of mankind are at stake, it becomes the duty of the statesman and of the minister of religion to raise their voices and exert their influence in the common cause. So likewise when the physical well-being of the community is endangered, it is incumbent upon the medical profession at large to warn the ignorant and incautious against

the threatened evil, and as far as practicable guard against or remedy its effects. Actuated by these views, we are led to make a few remarks upon a subject which has lately engaged the attention of the Commons House of Parliament. We allude to the portion of time which should be allowed for continuous daily labour in the factory.

It is to be feared that many of those who have undertaken to decide upon this question, are but very imperfectly instructed in some of its most important bearings, and have been influenced in their decision rather by certain abstract notions of political expediency, or by party considerations, than by a knowledge of the powers and capabilities of the human machine. We believe that of those who are best qualified to form a judgment,—of those who from education, study, and practical experience are best informed of the extent to which human endurance may be tasked without permanent injury, there are few who would have ventured to come to a conclusion upon it without the most careful and anxious inquiry. Yet we do not hear that the opinion of eminent persons competent to arrive at a just conclusion in the real merits of this part of the subject has been either sought or listened to by the many who have recorded their votes in favour of the long period.

No mere legislator, however intelligent he may be in questions purely political, or whatever may be the powers of his mind, can be supposed capable of exercising those powers with effect in a subject of the details of which he is in entire ignorance. An engineer who is well acquainted with the durability, toughness, elasticity, and other physical properties of the wood and metal employed in the construction of machinery, and with the wear and tear from friction and other causes to which this machinery is subject, may be able to estimate its powers, and regulate the employment of it, so as to produce the greatest possible effect at the least possible disadvantage. But were it necessary or advisable so to economise machinery as to render the preservation of it a subject for legislative interference, would the Government, or the Members of the House of Commons, proceed without due investigation, in which the opinion of eminent engineers should have full weight and consideration. But the preservation of the human machine, regarded merely as such, as it is too apt to be in discussions of this nature, is to this full as important for the good of the state, and is now actually under consideration. Can it be considered consistent with that wisdom, and those principles of sound government which the country has a right to look for from its legislators, that the construction, the wonderful play of action, and the modifications which both

undergo when either is deranged, or the power which the entire human machine manifests is impaired, shall be entirely overlooked.

The anatomist and the physiologist know well that the body in childhood is not capable of such prolonged exertion as it can undergo in manhood; that the frame-work is then weak and slender; that the animal textures have not the firmness of those of the mature adult; and, consequently, that the physical powers are not equal to the same amount of labour. The pathologist, by painful experience, has become acquainted with the long train of diseases which are induced by bodily fatigue, by insufficient rest, by close confinement, by unwholesome air, by scanty diet, and by innumerable other deleterious influences, under which those who are driven to drag out the weary hours of the lengthened day for weeks, and months, and years, gradually sink into premature decay.

The mortality in the factory districts is fearful, especially amongst the young; and of those who survive the struggle and reach the adult age, a large portion carry away, implanted with their growth, the germs of disease which alike destroy health and comfort, and injure them in every domestic relation in which their lot may be cast. The overstraining of the powers of the child at the looms is too often followed by early marriage in immature youth. Those who survive the protracted hours of labour, endured throughout what should have been a joyous season, free from thought and care, marry early and beget children, who inherit from generation to generation the acquired defects of organization which a wretched system of forced production entails on almost all who are engaged in it. Let the men who swell the majority of the minister, or fill the benches of his opponents, and who vote on the one or other side, merely because the leaders of different parties in the state sit on the treasury or the opposition benches, make themselves acquainted with the statistics of mortality in the manufacturing districts, and then let them conscientiously ask themselves to what this mortality may be attributed. Let them enter some of the loathsome dens where childhood is immured, wearing away the weary hours in unceasing toil, and listen, and listen in vain, for the merry joyous laugh which tells of young and happy hearts. How can the child be young when the unvarying round of over-wrought daily labour wrings from it the elasticity of youth? How can it be happy when deprived of every innocent enjoyment which renders life desirable?

There are other considerations, too, of far higher import than those upon which we have felt it our duty to touch, involved in this sacrifice of so large a portion of the time of the

young child and the female at the shrine of mammon. Such considerations, however, must be left to those whose peculiar province it is to instruct the young child and the unlettered adult in the ways of religion and morality. It is sufficient for us to feel assured that the cause, in all its bearings, is that of humanity and truth, and that as such, notwithstanding the powerful, and for a time successful, opposition, against which it has to contend, it must ultimately prevail.

FACTORY BILL.—POWER OF VISITING CASES OF ACCIDENT.

We have been requested to direct attention to the following clause in the Factory Bill, which it is thought may not only be the means of curtailing the incomes of the public charities in the manufacturing districts, but also likely to prove a source of great annoyance to the medical officers of the infirmaries and dispensaries. The power given to the certifying surgeons, of entering any public or private institution, and examining cases of accident, although placed under the care of other medical men, may unquestionably lead to abuse, and thus prove equally detrimental to the sufferers, and annoying to those who have the care of them:—

“And be it enacted, that if a certifying surgeon shall receive notice as aforesaid, that an accident has occurred, which has caused bodily injury to any person employed in a factory, for which he has been appointed to grant certificates of age, and that it has been of such a nature as to have prevented the person so injured from returning to his work in the factory the following morning, he shall without the least possible delay proceed to the said factory, and shall make a full investigation as to the nature and cause of such bodily injury, and shall within the next twenty-four hours send to the inspector of the district a report thereof, a copy of which report, together with any other information he may receive respecting the said accident, the inspector of the district shall send to the office of the factory inspectors as soon as conveniently may be; and the certifying surgeon, for the purpose of such investigations only, shall have the same power, authority, and protection, as an inspector, and shall also have power to enter any room in any building to which the injured person may have been removed; and for such investigation the said surgeon shall receive a fee not exceeding ten shillings, or such part thereof, not being less than three shillings, as the inspector of the district may consider a reasonable remuneration to the surgeon for his trouble, which fee shall be paid as other expenses incurred under this Act.” *Clause 23, of “A Bill to amend the laws relating to labour in Factories.”*

RETROSPECT.

TRANSMISSION OF HYDATIDS BY CONTAGION.

Some highly interesting and curious researches on this subject have been published by Professor Klencke, of Brunswick. After commenting upon the vague manner in which the term hydatid has been applied, the author proposes the following definition:—"Every vesicular production found in living organized tissues, which is provided with spontaneously moving organs, or which has at least the power of reproduction, apart from the tissue in which it is lodged by giving birth to individuals similar to itself." The different species are then characterized, the situations in which they are commonly met with, pointed out, and many other particulars connected with the natural history of these productions, noticed. The most important part of the memoir, however, is that occupied with an account of the experiments performed by Professor Klencke upon propagating hydatids by means of inoculation. With the object of examining the reproductive powers of the false hydatid, (*Hydatis surria*), he prepared warm water containing some of these hydatids, collected from the brain of a fresh human subject, into the abdominal cavity of two puppies and two kittens. After the injection, the opening was carefully closed, the animals were restored to their parents and grew perfectly well. At the end of three months he found upon examining the abdomen, in setting out from the punctured wound, an adherence of the parietal layer of the peritoneum, with the epiploon at the seat of puncture, and upon this adhesion, as well as upon the internal surface of the peritoneum, in the neighbourhood of the cicatrix, there existed in both the puppies, and in one of the kittens, a very great number of false hydatids. In the other kitten, in which no adhesions had taken place, there was no trace of these productions in the neighbourhood of the cicatrix, whilst upon the peritoneal surface of the bladder, a mass of false hydatids was found projecting into the abdomen.

Some very small hydatidic cellulæ were taken from the plexus choroides of a man, and with them the orbit of a hen was inoculated. The inflammation which supervened subsided by the eighth day. At the end of thirteen weeks the whole external wall of the orbit was tumified, and the eye pushed inwards. Upon examination after death, the orbit was found filled with a cellular mass containing a very great number of false hydatids. The whole brood of these hydatids was injected into the femoral vein of a kitten. At the end of three weeks the animal became sullen and habitually sleepy. Upon examination there was found in the heart, and especially in the right auriculo-ventricular orifice, a fibrinous and gelatinous precipitate, containing an innumerable quantity of false hydatids.

The false hydatids are more rare in the lower animals than in man, and their transmission is more easily effected when the species of animal inoculated is not far removed from that which furnished the parasite. In regard to the acephalocysts and echinococci, the author says that he has found the former in the milk of the cow, and floating along with them, in the serum of that fluid, the small ovules that are met with in the bodies of these animals. Both forms of hydatid are met with daily in the flesh and blood of animals,

and if the process of cooking does not destroy them, we must run continual risk of contagion.

With a view of ascertaining what effect digestion would produce upon them, he instituted the following experiment:—Some full-grown echinococci were placed in the gastric juice of a dog, and in that of a man; at the end of three hours they appeared dead, their head being retracted, and they exhibited no signs of movement. After having washed them well in warm water, they were introduced into the subcutaneous cellular tissue of the thigh of a kitten; eight days afterwards the wound had cicatrized. He next took some echinococci, which had been immersed in gastric juice, diluted with half the quantity of milk or water, and inoculated a young dog by an incision in the abdomen, reaching to the peritoneum, but without opening the latter, upon which he placed two of the parasites; the wound was accurately closed by suture, and at the end of three weeks he found a cellular and highly vascular cavity, containing a yellowish serosity, in which were two echinococci, remarkably modified in form. They were transformed into vesicles, covered upon their external surface with a number of gemmules and isolated cells, supported by pedicles. Examined under the microscope, these cells, upon being crushed, gave exit to a multitude of other small cells, similar to those found in the body of the acephalocysts, and which represented the ovules. The hydatids being open, exhibited upon their internal surface a still greater number of gemmules, pediculated cells, and other cells, floating freely in the liquid.

From an extensive series of experiments, Professor Klencke deduces the following conclusions:—1st. That in all hydatids we observe a cyssiparous and oviparous reproduction.—2nd. That there are false hydatids, which propagate by blastoderm (blastidie).—3rd. That all hydatids are transmitted from one organism to another, and being found in our fluid aliments, and in the flesh of animals, can be transmitted by infection.—4th. That the acephalocysts are not distinct from the echinococci, but merely the ova of the latter, with or without the parent cyst.—5th. That whatever be the way by which they have entered the animal system, hydatids can be conveyed by the current of the circulation.—6th. That certain agents in the organism and medical substances have the power of destroying them.—*Gazette Medicale: Annals of Natural History.*

PECULIAR FORM OF PARALYSIS.

The form of paralysis here alluded to is known by the name of "drop-hand," and has been described by Dr. William P. Buel, in the New York Journal of Medicine. It affects the nerves and muscles of the fore-arm, the hand, the thumb, and the fingers; producing loss of sensation, partial or complete, from the bend of the elbow to the tips of the fingers. The motions of the fore-arm upon the arm, depending entirely upon muscles seated above the elbow, are not impaired. The muscles which move the hand, the fingers, and the thumb, and which perform the various motions of flexion and extension, pronation and supination, abduction and adduction, are paralysed. The hand drops helplessly when the fore-arm is extended, and turned in the direction of pronation. The power of grasping between the thumb and fingers is, in many cases, entirely lost; as also that of closing the fingers upon the palm. As in other cases of para-

lysis, the flexors predominate over the antagonist muscles of extension, and the fingers are in a state of semi-flexion. The loss of sensation, somewhat enfeebled at the upper part of the fore-arm, is increasingly so as we pass downwards, until we reach the fingers, where it is often complete.

The ulnar nerve, from its being exposed at the point where it passes round the condyle of the humerus, being more subject to the cause of the affection than the radial, those parts of the fore-arm and hand receiving their nervous supply from it, are generally most affected, sometimes exclusively so. One branch of the ulnar nerve, is distributed over the back of the hand, to its ulnar edge, and to the little and ring fingers, and the loss of sensation in these parts is complete, they being numb and powerless, while the middle and fore-fingers and the thumb retain the power of motion and sensation.

The cause of the affection appeared to Dr. Buel, in all the cases met with by him, to be the long continued pressure of the weight of the body upon the nerves of the fore-arm in sleep. The subjects of these affections tell you they went to bed at night as well as usual; and when they awoke in the morning they found the fore-arm and hand numb and powerless in the manner above described.

They had no doubt gone to sleep with the fore-arm under the body, and remaining in that condition for several hours, paralysis, the usual consequence of continued pressure upon nerves, is the result. These cases occurred in hard-working people, whose slumbers after the labours of the day are deep and heavy. In several instances, it was suspected that some extra narcotism had been produced by libations of beer and spirits. The treatment which Dr. Buel found successful in these cases was the application of moxas along the palmar surface of the fore-arm, and this, after stimulating frictions along the track of the nerves and blisters, had proved unavailing. From two to three moxas, successively applied, were found sufficient, and the cure was generally complete in from three to four weeks. The form of moxa made use of was that of "small bits of gum camphor." Electro-puncture is said to be employed in the New York Hospital in this affection with equal success.

From the striking analogy of Dr. Buel's cases, with certain symptoms resulting from exposure, to some of the preparations of lead, the Editor of the New York Journal, Dr. Samuel Forry, was induced to solicit further information. Dr. Buel, in reply, states that in the apparently similar cases arising from lead, constipation of the bowels is the marked and prominent symptom, to which the attention of the practitioner would primarily be directed, while the cases which he describes were unattended by constipation, or indeed any other disturbance in the general functions of the system; the patient declaring themselves to be in their usual health, with the exception of the paralysis of the hand and fore-arm. In the cases to which he alludes also, the attack was sudden, the patients in every instance having retired to rest in their usual health, and waking with the fore-arm and hand paralysed. He thinks, then, it is fairly to be inferred that these cases were not the effect of lead. 1st. Because on diligent inquiry, he could not ascertain that there had been any exposure to lead in any

shape or form. 2ndly. Because the affection was unaccompanied by constipation of the bowels. 3rdly. Because the attack was sudden, and not gradual, as we should expect from the gradual introduction of lead into the system. 4thly. Because in all the instances, the affection was removed by the application of a remedy purely local; a result certainly not to be expected, supposing it to have been produced by a cause operating on the whole system, as the poison of lead.—*New York Journal of Medicine.*

PALPITATION OF THE HEART.

In a clinical lecture upon disease of the heart, delivered by Dr. O. B. Bellingham, at St. Vincent's Hospital, the following summary of the diagnostic signs of palpitation, the result of organic and inorganic causes, is given:—

Cardiac Disease.—1. Palpitation constant, though more marked at one period than at another: sometimes occurring in paroxysms of extreme severity.

2. Impulse usually stronger than natural, sometimes remarkably increased, (in a few cases diminished,) occasionally heaving and prolonged, or abrupt and jogging, or double.

3. Percussion elicits a dull sound over an increased extent of surface in the præcordial region, and the degree of dullness is greater than natural.

4. Palpitation often accompanied by auscultatory signs of diseased valves.

5. Action of the heart, regular, irregular, or intermittent, seldom much quicker than natural.

6. Palpitation often less distressing to the patient, and less complained of than that which accompanies inorganic affections; but occasionally attended by severe pain, extending to the left shoulder and arm, constituting what is termed *angina pectoris*.

7. More common in the male than in the female, and in the adult than about puberty.

8. Lips and cheeks often livid; countenance bloated; anasarca of lower extremities common.

9. Palpitation increased by exercise, by stimulants, and tonics, &c.; relieved by rest, and frequently also by local or general bleeding, the antiphlogistic regimen, &c.

Inorganic Affections.—1. Palpitation not constant, having perfect intermissions.

2. Impulse not increased, neither heaving nor prolonged; often abrupt, knocking, and circumscribed, and accompanied by a fluttering sensation in the epigastrium or præcordial region.

3. The extent of surface in the region of the heart, which yields naturally a dull sound on percussion, not increased.

4. Auscultatory signs of diseased valves absent; sounds of heart, particularly the first sound, shorter and louder than natural. *Bruit de soufflet* often present in the large arteries, and continuous murmur in the jugular veins.

5. Rhythm of heart usually regular; its action generally more rapid than natural.

6. Palpitation more readily induced by mental or moral causes, and usually more distressing to the patient than when depending upon cardiac disease;

often accompanied by pain in the left side, but never by symptoms of angina pectoris.

7. More common in the female than in the male, and about puberty than at any other period.

8. Lips and cheeks never livid; countenance usually pale, often chlorotic; venous congestion and anasarca absent; the latter, in a slight degree, sometimes observed in extreme cases.

9. Palpitation increased by sedentary occupations, by local or general bleeding, &c.; relieved by moderate exercise, and by stimulants or tonics, particularly the preparations of iron.—*Dublin Medical Press.*

INVERSION OF THE UTERUS.

The following conclusions are deduced by Mr. T. H. Barker, of Bedford, from a case of this affection which he has published in the *Medical Gazette*:—1. That inversion of the uterus may occur spontaneously, and without that degree of force which has been too generally regarded as almost the only cause.—2. That certain circumstances, capable of producing relaxation or irregular contraction of the uterus, are therefore, in every case, to be guarded against.—3. That inversion of the uterus may be accompanied with profuse hæmorrhage.—4. That in all cases of hæmorrhage following the expulsion of the placenta, it should be the first duty of the practitioner to ascertain if it proceeded from displacement of the uterus.—5. That re-inversion of the uterus should be attempted as speedily as possible after the discovery of the accident; but that the practitioner should not be deterred from the attempt even after a considerable period has elapsed.—6. That in cases where the placenta is still adherent, that body should be first removed.—7. That the mode of reduction likely to be most efficient, is by grasping the tumor in the hand, and exerting some degree of pressure upon it, after the manner of reducing a strangulated hernia.—*Medical Gazette.*

MONSTROSITY.

A fœtus born at the eighth month of pregnancy, which showed some very extraordinary specimens of malformation, was exhibited by Dr. Mitchell at a recent meeting of the Surgical Society of Ireland. From arrest of development, almost the whole of the abdominal viscera, including the testes, were lying on the anterior wall of the abdomen, and the defined line of the integuments could be seen at the point of protrusion, the serous covering of the viscera appearing to be continuous with the surrounding skin; the heart was lying outside the cavity of the thorax, and its pulsations could be seen and felt distinctly while the child lived, which it continued to do for an hour and fifty minutes after birth. The action of the heart being visible, was, he (Dr. M.) thought, a matter of considerable physiological interest, as it would appear satisfactorily to disprove the old opinion of the heart's impulse being caused by the tilting forward of its apex, and to confirm strongly the view which he believed was put forward by Dr. Corrigan—namely, that the impulse was caused by the shortening of the muscular fibres of the heart and consequent increase of its transverse diameter. The left arm and hand were considerably deformed, and, from presenting during labour, caused a good deal of difficulty in the diagnosis. The left lung was atrophied, and respiration carried on entirely by the right lung, which was

abnormally developed. The contractions of the heart at birth were twenty-seven in a minute, so long as the cord was attached; immediately after its separation they fell to twenty, and just before death, came down to seventeen. The respirations were all through only three in a minute, and not performed as if by the usual effort, but by convulsive jerks. The viscera were in general perfect, but the colon, from its commencement to the sigmoid flexure, presented none of its natural appearances, not being thicker than a crow quill, and without any appearance of transverse bands. The cerebrum and cerebellum were perfectly developed, completely filling the cranial cavity, and no fluid being present; the corpora striata and optic thalami of both sides were perfectly normal. The pelvic viscera were in their natural position, with the bladder of enormous size and much distended, occupying the entire cavity of the pelvis. There was but one umbilical artery and vein, the former of large size and running obliquely from left to right to enter the cord.—*Dublin Medical Press.*

FEEDING SYPHON.

Mr. Rotch, at a meeting of the Society of Arts, held on the 6th of March, exhibited and explained a glass feeding syphon for sick rooms, by means of which the patient may be fed whilst lying in any position. The upper limb of the syphon is placed in a tumbler or other vessel, from which the liquid food is to be drawn by the patient who has the lower end in his mouth; the upper limb is extended above the bend of the syphon, and is open at top; so that the attendant can, by placing his finger close to the aperture, either allow the supply to be continued or cut off, at pleasure, without hastily removing the syphon from the mouth of the sick person.—*Literary Gazette.*

VACCINATION UNDER THE POOR-LAW ACT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

For the information of those gentlemen whose names are affixed to a letter, which appeared in last week's journal, on the subject of "contracts for vaccination under the Poor-Law Act," I beg to state that I held an appointment to an extensive and populous district of the Poole Union, during the year 1840, when a separate contract for vaccination was proposed by the Commissioners; I accepted it at the rate fixed on by the Guardians, which was 1s. 6d. per head, being distinctly informed at the time that that was the maximum sum that would be given. As vaccination had been very much out of fashion in the district, partly from antipathy to it, and partly from neglect, I ascertained there were a great number on whom it had never been performed; I, therefore, thought that, although the sum was small for each individual case, the number would in some measure compensate me for the trouble. I vaccinated upwards of 500.

The other gentleman, who attended the In-district of the Union, also vaccinated on the same terms, and it is the sum which has been invariably given to all the medical men who have subsequently attended the Union.

I am, Sir, yours obediently,
JOHN WICKENS WEST, M.R.C.S &c
Poole, May 10, 1844.

SYDENHAM SOCIETY.

At the anniversary meeting of this Society, held on the 1st instant, Sir James Clarke, Bart., in the chair, Dr. Paris was elected President in the room of the late Sir Henry Hallford; Dr. Babington and Dr. Risdon Bennett were respectively re-elected Treasurer and Secretary. In addition to the work of Hecker, on the Epidemics of the Middle Ages, already issued, the members will receive Louis on Phthisis, and a new edition of the works of Sydenham, by Dr. Greenhill, of Oxford. The works announced as being in preparation for the current year, are Schwann on the Microscopic Identity of the Structure of Plants and Animals; Hasse's Morbid Anatomy of the Thoracic Viscera; the works of Hewson, and the works of Paulus Ægineta. The number of members now amounts to upwards of 1700.

METEOROLOGICAL JOURNAL FOR MARCH,
1844.

SIR,

Kept at Sidmouth,

BY W. H. CULLEN, M.D., SURGEON.

Mean of External Thermometer at	9 A.M.	45.47
.	P.M.	42.63
.	the Maxima,	49.68
.	Minima,	36.86

Mean daily range. 12.96

Extreme highest on the 31st	. . . . .	57.
. . . lowest, 21st	. . . . .	28.50
Extreme range,	28.50	

Mean Dewpoint at 9 A.M.	. . . .	40.40
" " " " " P.M.	. . . .	37.69

Mean of Barometer at 9 A.M.	29.512
" " " " P.M.	29.875

Extreme highest on the 29th	. . . . .	30.500
" lowest on the 4th	. . . . .	29.332

Extreme range. 1.168

Number of days fine.	10
. on which any rain fell .	16

Quantity of rain in inches 4.51

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 17, 1844:—W. E. Stuart; W. T. Hardern; W. Cumming, W. Wallford; B. T. Lowne; W. H. Thoreau; F. J. Lilley; T. P. Powell; H. M. Gruggen; J. Bomford.

HOSPITAL APPOINTMENTS.

Dr. Goolden and Dr. Ridsen Bennett were last week elected Assistant Physicians to St. Thomas's Hospital.

Mr. Easson has recently been elected Surgeon to the Metropolitan Free Hospital.

TO CORRESPONDENTS.

Communications have been received from Mr. J. Law, Dr. North Arnold, Dr. Bell Fletcher, and Dr. Cullen. The letter from Leeds, signed "Inquisitor," came too late for insertion in the present number.

"Sanguine" will find the information he wishes for respecting the proceedings of the Sydenham Society, above.

In the report of the Sheffield Medical Society, in the last number, p. 90, lines 24 and 25 of the second column, instead of "*dilute sulphuric acid*," read, *a decoction of malt*.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

REPORT OF SURGICAL CASES OCCURRING IN THE CHELTENHAM HOSPITAL, FROM 1830 to 1840.

By CLEMENT JAMES HAWKINS, Esq., Surgeon to the
Dispensary Department of the Hospital.

The Institution in which the following cases occurred, consisted of a Dispensary to which a Casualty Hospital was attached, for the reception of accidents and cases for surgical operation, and occasionally urgent cases, both Medical and Surgical, were admitted, the nature of which prevented their being properly treated at their own houses.

In the year 1839 the establishment was converted into a General Hospital and Dispensary. The Medical Staff at present consists of two physicians and two surgeons for the Hospital, and three surgeons and three physicians for the Dispensary, and a house surgeon and apothecary.

The cases were, for the most part, witnessed by myself during the time I was a pupil, and since I have settled in the town, many were treated by myself, under the direction of the surgeons of the establishment, to whom I gladly avail myself of an opportunity of publicly acknowledging many personal acts of kindness, both in professional and private life.

PRIMARY AMPUTATIONS.

	Cases.	Cured.	Died.
Arm . . .	3	3	0
Fore-arm . .	2	2	0
Shoulder joint	1	1	0
Thigh . . .	6	4	2
	<hr/> 12	<hr/> 10	<hr/> 2

SECONDARY AMPUTATIONS.

	Cases.	Cured.	Died.
Arm . . .	1	1	0
Fore-arm . .	0	0	0
Shoulder joint	1	0	1
Thigh . . .	6	5	1
Leg . . .	7	7	0
	<hr/> 15	<hr/> 13	<hr/> 2

I shall first notice the cases of amputation, 27 in number, of which 12 were primary, i.e., performed within twenty-four hours after the receipt of the injury, and 15 were secondary. Of the primary, two, and of the secondary, also, two were attended by a fatal result. In the two first mentioned, the operation was performed for severe compound fractures of the leg. In the one instance, the fracture was compli-

cated with a wound of the knee joint, and with laceration of the popliteal artery. The man was found lying in the road immersed in snow, and was admitted in an almost dying state; reaction ensued in a few hours, and the hæmorrhage returned; the thigh was amputated, and very little bleeding took place during the operation, but the patient died soon after he was removed from the table, from the combined effects of loss of blood and shock to the nervous system. In the second instance, the limb was crushed by a heavy load of earth falling on it; the patient, a labourer on the Gloucester and Birmingham railroad, was admitted in a very exhausted state; amputation of the thigh was performed, but he died fourteen hours after the operation.

In one of the successful cases the operation was done under very unfavourable circumstances; the nature of the injury was very severe, viz., compound fracture of the thigh, with laceration of the knee joint, and popliteal artery. The limb was removed very high up; secondary hæmorrhage followed, but the man eventually did well. (See case.)

The operation at the shoulder joint was performed for a very severe compound fracture of the whole limb, occasioned by a heavy load of stone falling on it. (See case.)

With regard to the secondary amputations, the parts removed are mentioned in the accompanying table. The limb in the first case was removed near the shoulder joint, for fungus hæmatodes. The subject was a lad, aged 18; the operation was successful; but he eventually died of pectoral disease, the exact nature of which was not ascertained.

The case in which the arm was removed at the shoulder joint was one of a very formidable character. The unfortunate patient was admitted from the railroad works, having sustained some very severe injuries; among which was a very bad compound fracture of the humerus, which, at first, promised to prove directly fatal. Contrary to all expectation he rallied, and in consultation it was determined to give him the chance of the operation; this was done three days after his admission; it terminated unsuccessfully twenty hours afterwards. Dissection discovered extensive internal injury.

The operations above the knee were performed

for disease of the knee joint, with one exception, which was for abscess of the tibia. (*Spina ventosa* of the old authors: see case.) The ages of the patients were 10, 59, 29, 52, 15, 14; of these cases one proved fatal.

The limb was removed below the knee in seven instances; in three, for long standing ulceration of the leg, accompanied with disease of the bone; in one for scrofulous disease of the tarsus; in one for an old accident, compound dislocation and fracture at the ankle joint; in one for gangrene, the result of cold; in one for traumatic gangrene. In the last case the operation was performed when the gangrene was spreading. (See case.) All were successful.

The circular method was adopted, excepting in five instances—namely, in the two cases at the shoulder joint, and in three in which the limbs were

removed above the knee, where the lateral double flap was substituted. Secondary hæmorrhage took place in seven instances. In one it proceeded from the medullary cavity of the femur, and was arrested with difficulty. The femoral vein was tied in two instances, and in one of the amputations below the knee four veins were secured by ligature, without any bad consequences ensuing.

The time occupied in healing the stumps was from three to six weeks, excepting in two instances, in which took a much longer time.

It was in the early cases that secondary hæmorrhage occurred. In these the stump was usually dressed before the patient was removed from the operating table. Subsequently a different mode was adopted with the best results: this consisted in leaving the stump lightly covered some hours after the operation.

No.	Name.	Age.	Case.	Part removed.	Result.
1	Charles Lineham	10	Disease of the knee	Thigh	Cured
2	William Tinder	46	Compound fracture	Arm	Cured
3	Mary Page	44	Disease of the leg	Leg	Cured
4	Maria Arnott	59	Abscess of tibia	Thigh	Cured
5	Robert Gibbs	43	Compound fracture and necrosis	Leg	Cured
6	John Charley	18	Gun-shot wound	Arm	Cured
7	Maria Gingle	36	Ulcer, &c.	Leg	Cured
8	Anthony Mustoe	45	Necrosis	Leg	Cured
9	Ann Pash	22	Disease of tarsus	Leg	Cured
10	John Harris	23	Gun-shot wound	Forearm	Cured
11	Ann Page	52	Disease of the knee	Thigh	Cured
12	Charles Barton	9	Disease of the knee	Thigh	Cured
13	Harriet Woolford	22	Gangrene	Thigh	Cured
14	George Tady	18	Fungus hæmatodes	Arm	Cured
15	Ann Bullock	55	Gun-shot wound	Arm	Cured
16	Charlotte Morgan	15	Disease of the knee	Thigh	Cured
17	Thomas Dyer	10	Compound fracture	Forearm	Cured
18	Richard Greening	14	Disease of the knee	Thigh	Cured
19	Frederick Teale	20	Compound fracture	Thigh	Cured
20	James Tanner	36	Compound fracture	Thigh	Cured
21	Thomas Turner	29	Disease of the knee Lacerated wounds	Thigh	Died
22	William Field	25	followed by traumatic gangrene	Leg	Cured
23	William Hawker	50	Compound fracture	Thigh	Died
24	George Cooke	12	Compound fracture	Shoulder joint	Cured
25	Job Humphris	29	Compound fracture	Thigh	Died
26	Thomas Leary	24	Compound fracture	Shoulder joint	Died
27	William Browning	20	Compound fracture	Thigh	Cured

It appears from the above statement, that of twenty-seven capital amputations, four only terminated fatally. I am quite aware of the absurdity of drawing conclusions from a small number of cases, and I am sorry to add, that if my report extended over a space of fifteen instead of ten years, the average amount of success would be materially diminished. Dr. Peacock, in the second series of statistical tables of the Edinburgh Royal Infirmary, writes thus:—"The striking fallacy of deductions as to the mortality of operations, founded on a short period of observation, is well shown by the comparison of the last two tables with those given in a preceding report, for it appears, that of sixteen amputations performed during the last nine months, eleven were cured and five died; whereas, out of

seventy-two cases, the number which occurred during four years, thirty-seven were cured and thirty-five died.*

The two cases of injury of the abdomen were both of a severe character, presenting well-marked symptoms of rupture of a viscus, accompanied by internal hæmorrhage. One recovered after several days' of intense suffering, constant vomiting, and other signs indicating a speedy dissolution. The treatment consisted in giving brandy and ammonia, to sustain the powers of life.

The other case proved fatal. The patient, a man, the subject of scrofulous disease, was struck by a skittle ball on the hernial tumour. Symptoms of intense peritonitis took place, and he died thirty six hours

* *Provincial Medical and Surgical Journal*, Sep. 2, 1843.

after the accident. A post-mortem examination discovered a rent in the ileum, and extravasation of blood into the abdominal cavity. There was only one kidney, which was of a horse-shoe shape.

The case of aneurism was one of peculiar interest and of rare occurrence. The man was thirty years of age, the aneurismal tumours were situated on the left side of the body, one about four inches below Poupart's ligament, the other in the popliteal space. The external iliac artery was tied. The patient lived a month, and died of gangrene of the limb. (See case.)

The cases of burn were mostly of a formidable nature, death usually occurred within a few days of the accident, in others the patient dragged on a miserable existence, and eventually fell a victim to profuse suppuration; others recovered. The plan of treatment consisted in the use of the linimentum calcis and linseed oil, and spirits of turpentine, sedatives and diffusible stimuli being administered. After the sloughs had separated, the wounds were treated according to the established rules of surgery, and the constitution supported by a liberal diet, wine and malt liquor.

The cases of cataract, six in number, of which two were congenital, were operated on by the needle, four with complete success; the remaining two, in which the operation produced no relief, were complicated cases, and afforded very little prospect of success, the patients being advanced in years. One eye was operated on, at a sitting, and a rigid antiphlogistic plan of treatment adopted, previous to and after the operation. If the lens was not completely depressed, the operation was repeated in a few days. No alarming inflammatory action followed in any instance, which I attribute to the preparatory measures used to ensure success.

In one case the lens, partially absorbed, made its appearance in the anterior chamber at the expiration of two years. A section of the cornea was made with a view to its extraction, but owing to some accident (the difficulty of fixing the eye) it receded into the posterior chamber, where it remained out of the axis of vision. The wound of the cornea healed kindly, and the patient did well.

In the cases of cancer of the lip, the lower lip was universally affected. The subjects had all been addicted to smoking pipes. The complete excision of the parts was practised in preference to Dupuytren's operation, excepting in two instances, which the latter mode was preferred, in consequence of the extent of the disease.

Of the diseased joints, little requires to be said. They were, for the most part, cases of chronic inflammation of the synovial membrane. The cases of dislocation were few, although a great number actually occurred among the out-patients, to notice which would be foreign to my present purpose. The shoulder was luxated in five instances; the head of the bone was thrown into the axilla in three instances, and in two, under the pectoral

muscle. With one exception the bone was easily replaced. This difficulty arose in one of the cases forwards, in which long and continued extension with the pulleys was resorted to. One case of dislocation of the hip was admitted. The patient was a woman, aged 65; the head of the femur was found resting on the dorsum ilii. (See case.)

One case of dislocation of the clavicle at the scapular end was witnessed. Considerable deformity accompanied the accident, but the patient, a sergeant in the army, perfectly recovered the use of the arm, the shoulder being a trifle higher than the other.

Of the cases of dislocation of the ankle, three were lateral, and one forwards; all were accompanied by the fracture of the fibula. The case of dislocation of the wrist I did not see. That of the elbow was admitted on account of the injury to the soft parts: it did well with all its usual symptoms. Excision of the elbow joint was performed in one instance, and with complete success.

Local bleeding, counter-irritation by blisters, liniments, moxas and issues, compression by plaster and bandage, was the plan of treatment adopted; and I am compelled to add, in too many instances, with indifferent success.

Of the two cases of disease of the bladder and the prostate gland, little need be said. They were both in old subjects, and were admitted more for the convenience of the surgeons than with a view to ultimate relief.

The injuries of the eye were from lime, and as they were seen immediately after the accident, by cleansing, and an active antiphlogistic plan of treatment, the organs were ultimately saved. One case of penetrating wound of the eye ball occurred. The sight was lost owing to the escape of the lens.

The two cases of erysipelas were the result of accident. One recovered. Both being phlegmonous, incisions were resorted to; the hæmorrhage in one case, where the leg was the part affected, was very profuse, the soft parts became gangrenous, and the patient died.

Of the cases of fistula in ano, two were the result of accident, the remaining five were symptomatic of disease of the lungs and abdominal viscera. In three the sinus did not heal after the operation; two ultimately died of phthisis; in fact in two only could the operation be said to have been successful.

The straight position was usually preferred in the treatment of fracture of the legs. The limb was generally placed in a fracture box. The splints were seldom removed till five weeks had elapsed.

The fractures of the thigh were placed on an inclined plane, excepting in a few instances, where Desault's method was used. The limbs were not disturbed before the sixth or eighth week after the accident, and in no instance do I remember that union was not perfectly accomplished. I have lately seen several instances of ununited fracture

of the thigh, and in nearly every case I attribute the failure to two causes, viz., the too short time allowed for union, and the too frequent examination of the limb.

I have preserved notes of five cases of fracture of the leg, in which union did not take place in the usual period; in three, active bleeding was called for, on account of some complication of disease, or other injury received at the time of the accident; in one, severe hæmoptysis took place, which was treated by active venesection, but was not arrested till a large quantity of blood had been abstracted. In five weeks the tibia was found to be very imperfectly united; in ten, from the date of the accident, he was made an out-patient, but several months elapsed before he recovered. In three cases there appeared no appreciable reason why the bones should not have united. In these a tourniquet was placed over the seat of the fracture and tightened, daily pressure being maintained as long as the patient could bear it; the limbs were placed in splints, and suitable diet, &c., ordered. In one, ten weeks, in a second, fourteen, and in the third case, sixteen weeks elapsed before a cure was completed. One case, which was accompanied by cedema of the whole limb, was treated by the immovable apparatus, as recommended and practised by my friend, Mr. John Lawrence, of Brighton, who was house surgeon at St. Bartholomew's Hospital. The first effect of the equal pressure was to reduce the swelling, which of course rendered the apparatus quite loose; it was re-applied, and the patient, a railway labourer, was allowed to move about on crutches in the open air. By this plan, which I have repeated with equal success, the bones quickly united. I have often observed that the air of confinement in a hospital often exerts a baneful influence on patients, whose occupation is in the open air, and it has occurred to me that the want of power necessary to the union of fractured bones might be in some way obviated in cases of simple fracture, by adopting Mr. Lawrence's mode of treatment, which is to confine the patient to bed sufficiently long to remove the first effects of the accident.

Several cases of severe compound fracture were admitted. In three, more than an inch of the tibia was removed by the saw. Although these eventually did well, the cure was very tedious. In robust and phlethoric subjects, as soon as reaction took place, general bleeding was employed, and other means, calculated to reduce the force of the circulation, had recourse to. Poultices and other relaxing applications were directed as soon as suppuration was established, but were omitted as soon as circumstances permitted. One case, remarkable for the quickness of the cure, occurred in the person of a woman, between the seventh and eighth month of pregnancy. The limb was carefully dressed, and the compound fracture was cured in six weeks: at the end of which time delivery was accomplished.

(See case.) This is another of the many proofs that the reparative powers of nature are not so feeble as many imagine, during pregnancy.

Another case of a most dangerous character was admitted in the person of a man of very intemperate habits, who had sustained a simple fracture of each thigh, and a compound fracture of the leg. This man was attacked with traumatic delirium, from which he perfectly recovered, with useful limbs.

In one case of fracture of the pelvis, the bladder was ruptured at its fundus. The patient lived five days. On examining the body after death, it was found that the efforts of nature to prevent extravasation of urine in the abdominal cavity were complete, five adhesions were found between the bladder and parietes of the abdomen. This was assisted by the use of the catheter, which was fastened in the bladder.

— One case of fracture of the spinal column took place, in which the patient lived three days. The symptoms were quite plain, the bodies and spinous processes of the fifth and sixth cervical vertebrae were found fractured.

In the cases of hare-lip, sutures were used instead of the silver pins. All did well.

Of the cases of hydrocele, seven were in adults, and one in a young subject. In the latter, simple incision was successfully practised; in the former, the usual operation by injection was performed. The fluid used was a solution of one drachm of sulphate of zinc in a pint of water. In one instance the testicle was situated in front of the tumour; in another, where the swelling was of an immense size, and contained nearly four pints of fluid, the operation failed. At the expiration of three weeks from the first tapping the trocar was introduced, and the same quantity of fluid evacuated, but differing materially in quality, being mixed with blood. The tunica vaginalis was found to be divided into several compartments, which I have no doubt was the result of partial and an insufficient amount of inflammation having been induced by the previous operation. These adhesions were broken down by introducing a probe through the canula, in order to evacuate the fluid. The swelling quickly acquired its usual size; the man was desired to rub in the ointment of hydriodate of potass, and to take twenty minims of tincture of iodine three times a day. A perfect cure was effected in three months. It is rather remarkable that no pain followed either operation.

The cases of strangulated hernia which came under notice were three femoral and six inguinal. The former occurred in females above the middle age. One was reduced, the others were operated on with success. The cases of inguinal hernia were in men. Two were reduced by the agency of bleeding and the warm bath; in one the tobacco enema was used, but produced the most alarming depression of the vital powers. The rupture went up when

he was placed on the operating table, which was a fortunate termination, as I think he would have sunk under it. Nothing calling for a particular notice occurred in the progress of these cases; one patient, an old soldier, who had been severely wounded in the Peninsular war, came under my care, for extravasation of urine, about two years after the operation, and I found it had been followed by a radical cure, an event which I think will be found to take place oftener than is generally believed.

The after-treatment consisted in adopting means calculated to prevent or reduce inflammatory action. The early administration of purgatives was avoided, a line of practice, which, I am glad to find, is becoming more and more general, for I think nothing can be more irrational than to exhibit medicines, immediately after a severe operation, calculated to disturb organs already rendered highly irritable, by having been constricted. In many instances I have seen a full dose of opium produce the happiest results by tranquillizing the nervous system, which has been followed by a full evacuation from the bowels, in a few hours. In other cases, where the early use of purgatives has been resorted to, the irritation of the alimentary canal has been converted into a fatal inflammation, accompanied by obstinate constipation. In the case which terminated fatally, the strangulation had existed many days; sphacelus of the bowels had taken place.

Among the many interesting cases of injury of the head which were admitted, the symptoms usually attendant on concussion of the brain, were present in some; in others the symptoms were so diversified that it would be difficult, if not impossible, to class them under the head of compression or concussion. In one case symptoms of general excitement of the brain were observed. The patient, a boy, about twelve years of age, was brought to the hospital, having received a violent blow on the summit of the head; he fell insensible, but in a few minutes he recovered from the immediate effects of the accident, when he became violent and unmanageable, swearing loudly, &c.; four men were required to restrain him. A vein was opened in the arm, and ten ounces of blood were abstracted with benefit; cold was sedulously applied to the head, active purgatives administered, and he recovered in a few days.

In another case, which was complicated with compound fracture of the jaw and forearm, fracture of the ilium, and an extensive scalp wound, the patient made the most wonderful recovery I ever witnessed. The powers of the brain were greatly enfeebled; nevertheless, he so far recovered that he was able to follow his employment.

The treatment of these cases varied according to circumstances. In many, stimulants were administered with advantage, and after reaction had ensued, general and local bleeding were adopted,

together with full doses of calomel and croton oil. Blisters and setons were occasionally employed.

Two cases of compound fracture of the skull were treated successfully. These were both in young subjects. In one, portions of the temporal and parietal bones were depressed, but as the symptoms did not call for the use of the elevator, general antiphlogistic treatment was adopted. In the second case the parietal bone was extensively fissured; the symptoms demanded active depletion. Under this plan both boys recovered.

Three cases of fractured ribs, accompanied with extensive emphysema, were admitted. Of these, two proved fatal, and one recovered. In the case which terminated prosperously, scarifications were freely made in the situations in which the accumulation of air occurred. No pressure was made by means of a bandage till several days after the accident.

The case of molluscum is related by Mr. Charles Fowler, in the seventh volume of the Transactions of the Provincial Medical and Surgical Association.

The case of noli me tangere was a very bad one, and resisted every plan of treatment.

Two cases of gonorrhoeal ophthalmia were admitted; in each only one eye was affected. In one, the eye was saved under the combined effects of depletion and the application of nitrate of silver. The second case was not seen till the disease had existed six days. The eye was lost.

Only one case of stone in the bladder was witnessed. In this the operation of lithotomy was performed. (See case.) This locality appears to be very free from this disease. During fourteen years I have only seen and heard of four cases in this town or neighbourhood.

Among the cases of tumour, there was one removed by the late Mr. Averill, from the neck. The dissection was a most difficult one; the disease returned, and destroyed the patient.

The remaining cases do not demand any particular observations, as they did not possess any points of interest that I am aware of.

TABLE OF CASES.

Abscess	6
„ Lumbar	1
Amaurosis	1
Abdomen, injury of	2
Aneurism, femoral and popliteal	1
Burns	32
Cataract	6
Cancer of the lip	6
„ breast	1
„ uterus	1
„ chimney sweepers'	2
Contusions	145
Contraction of neck	2
Diseases of the joints	41
„ spine	4
„ finger; osteosarcoma	1
„ bladder, &c.	2

Dislocation of the shoulder	3
" hip	1
" clavicle	1
" anle	4
" wrist	1
" elbow	1
Eye, injury of	4
Eye-ball, wound of	1
Erysipelas	2
Fistula in ano	7
Fracture of the cranium	4
" spine	1
" scapula	3
" clavicle	8
" ribs	12
" ribs and clavicle	1
" ribs and leg	2
" ribs, and emphysema	2
" jaw	3
" pelvis	3
" thigh	30
" thigh and arm	1
" thigh & dislocation of hip	1
" both thighs, compound } fracture of the leg, } delirium tremens . }	1
" thigh and leg	1
Fracture of the leg	54
" arm	17
" patella	1
" fore-arm	12
" elbow joint	5
" leg, and concussion	1
" compound of fore-arm	4
" compound of thigh & leg	2
" leg, with partial dislocation	4
" compound of leg	13
" compound of arm, leg, } and jaw, &c. }	1
Hydrocele	8
Hare-lip	6
Hernia, strangulated	9
Hæmorrhoids	1
Injury of the head	34
" chest	3
" hand	7
" perineum	1
Mortification of the toes	1
Molluscum	1
Noli me tangere	1
Necrosis	3
Ophthalmia, gonorrhœal	2
" strumous	3
" acute	5
Phymosis	4
Polypus of the nose	1
" uterus	1
Prolapsus uteri	1
Sprains	13
Stricture of the urethra	7
" rectum	2
Syphilis	8
Scald	2
Stone	1
Spine, injury of	1
Tumours	10

Tonsils, enlarged	2
Testicle, inflamed	3
Throat, wound of	1
Tetanus	1
Tendon, injury of	2
Ulcer of leg	8
Ulcer of cornea	1
Urine, extravasation of	1
Uterus, disease of	1
Urine, retention of	1
Wounds, contused	17
" incised	13
" lacerated	11
" gunshot	5
" knee joint	2
" anle joint	2
Warts	2
Various	128

803

The number of deaths was 57.

(To be concluded in our next.)

MEMOIR OF DR. BARLOW.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Although you have announced, in a former number, the loss which the Provincial Medical Association has sustained, in common with the profession, and the public at large, by the lamented death of Dr. Barlow, of Bath; yet I am induced to request your insertion of the following brief account of his professional career, with a list of his works, as far as I am acquainted with them, in the belief that every thing relating to our distinguished and esteemed associate will be interesting to those members who enjoyed his friendship, and had the pleasure of meeting him at our anniversaries; every one of which he attended from the first formation of the Association at Worcester, in 1832, to our last assembly at Leeds, in 1843.

Edward Barlow was born at Mullingar, county of Meath, Ireland, on the 25th of June, 1779. His father was a distinguished practitioner at that place, and died August 9, 1825, at the advanced age of 81. The Westmeath Journal, in announcing his death, stated that "he was for fifty-six years surgeon to the County Infirmary, and for the greater part of that period, until years and infirmity limited his exertions, in possession of the almost undivided medical practice of the surrounding country—a sure proof of the zeal and ability with which he exercised the arduous duties of his professional calling."

Dr. Barlow commenced his professional education under the guidance and direction of his father, who, from an early period, intended to bring up his son to the medical profession, in the expectation that he would succeed to his private practice, and public appointment at the Infirmary. In furtherance of these objects, and to enable him to become a Licentiate of the Dublin College of Surgeons, he was bound apprentice to his father, and after the expiration of his apprenticeship, attended the various lectures and hospitals in Dublin, Edinburgh, and London; at the latter place he was a pupil of Clive and Cooper, at the

Borough Hospitals. He became a Licentiate of the Dublin College of Surgeons in May, 1801, and graduated at Edinburgh in June, 1803.

He resided in Dublin, and practised as a surgeon till 1807, when he came to Bath, and commenced that career as a physician, which soon led to celebrity and distinction. He cultivated medical science with zeal and assiduity, and communicated to the public the result of his reflections in various writings. He became physician successively to the Bath City Infirmary, (previously to its junction with the Casualty Hospital, when the two charities formed the United Hospital), and to the General Hospital. He performed the duties of physician to both these Hospitals in the most assiduous and laborious way. He was scarcely ever absent on his allotted days of attendance, and generally visited both Hospitals daily. At the United Hospital he usually spent from three to four hours in investigating and prescribing for the complaints of the out-door applicants, and the patience with which he listened to their histories, and the kindness of his demeanour towards them, made him a great favourite with this class. His exertions, however, were not limited to objects connected with his profession. He was the zealous and eloquent advocate of every project that was calculated to extend knowledge, promote humanity, or in any way to be useful to his fellow-creatures. He was one of the original founders of the Literary and Philosophical Institution, and ever afterwards an active member of its Committee. He was chiefly instrumental in establishing a Phrenological Society in Bath, and was always ready to furnish a paper at their meetings, when no other contributor could be found. He was a zealous supporter of the Humane Society. Amongst the poor who applied as out-patients at the United Hospital he often found that great misery arose from want of proper clothing, and to remedy in some degree this evil, he formed a charity for the purpose of distributing flannel waistcoats to such objects as appeared likely to be benefitted by them. This charity is now attached to the Hospital, and has been productive of great comfort to many poor persons who were suffering from rheumatism.

Indeed, it is not saying too much in praise of Dr. Barlow, to assert that his benevolent feelings led him to support with his pen, his purse, and his personal exertions, every object of public charity and utility.

It is scarcely necessary to remind the readers of this journal how warmly he was interested in the prosperity of the Provincial Medical Association. We have all admired his zeal, and been delighted with the eloquence with which, at our annual meetings, he always advocated every measure that was likely to promote the welfare of the Society, or advance the honour and respectability of the profession. At our future assemblies his absence will indeed be deplored, and we shall all feel that we have sustained a loss which cannot be easily supplied.

Dr. Barlow's private practice was considerable as a consulting physician, but not so extensive in regard to general practice as might have been expected from his talents and his zeal, united as they were with the advantage of being connected with two hospitals, both of which afforded ample experience, and presented favourable opportunities of observing disease. There

can be no doubt, however, that if he had desired more extensive private employment he might have obtained it; but he loved the science, and disliked the trade of medicine. He was sufficiently affluent to be satisfied with a limited income from his professional exertions, and a belief generally prevailed, that professional emolument was a matter of indifference, or, at least, of secondary importance, to him.

In all the social and domestic relations of life he was most exemplary. He was a kind husband, an affectionate father, and a sincere friend. His manners were at times reserved, but he was generous and benevolent. His habits were retired, and he was not fond of much society, but no one could receive his friends with greater hospitality and courtesy. He had a deep sense of religion, which he manifested, not so much by the observance of austere forms, as by a conscientious discharge of all the duties of life. His health began to decline about two years before his death, when he experienced a severe domestic calamity from the shock of which he never recovered. His changed appearance at the meeting of the Association at Leeds was observed by all his friends, and from that time he progressively declined. Latterly his emaciation became extreme, and he finally sank under the effects of disease on the 2nd of April in this year.

I abstain from relating the particulars of his complaint, as I have reason to believe that an account of his case will be given to the public elsewhere.

The governors of the Bath Hospital met on the 1st of May, to elect a successor to Dr. Barlow, and before they separated the following resolution was unanimously passed, the whole body of governors simultaneously rising, as a mark of respect to the memory of one who was so universally and deservedly esteemed:—"That this court desire to record the expression of their unfeigned sorrow at the decease of the late senior physician, the lamented Dr. Barlow, and their gratitude for the services which, during the period of twenty-five years, he so cheerfully and efficiently rendered. Whether they regard his skill, his humanity, his attention to the sick and suffering, or his conduct as a member of the honourable profession to which he belonged, they feel that his departure has left a blank which will not easily be filled."

Dr. Barlow has been long known to the medical profession by the extent and value of his writings, which are characterized by elegance of composition and copiousness of illustration. He wrote with great fluency and remarkable rapidity; such indeed was his ready command of language that he appeared to have the power of exhausting every subject or which he treated, almost without an effort. This facility of expressing his ideas led him probably to an early as well as a frequent use of his pen, for his first contribution to medical literature, I find, was written while he was a student. It is impossible to enumerate all Dr. Barlow's publications, as, besides his more important works, he wrote in newspapers, and other periodicals, on various topics of local and temporary interest; but the following list contains, I believe, his chief medical productions —

"History of a considerable Wound of the Brain, attended with singular circumstances, by Mr. Edward Barlow, student of Medicine at Edinburgh, from

Westmeath, Ireland."—*Duncan's Annals of Medicine*, for 1802.

"Dissertatio Medica Inauguralis, de Peritonitide Puerperarum."—Edinburgh, 1803.

"Case of Dysphagia, together with some other unusual affections, supervening on inflammation of the lungs, wherein a gum elastic tube was advantageously employed as a passage to the stomach."—*Dublin Medical and Physical Essays*, for June, 1807.

"Observations on Medical Reform; illustrating the present condition of medical science, education, and practice, throughout Great Britain and Ireland, and proposing such alterations therein, as appear most likely to succeed in remedying the several evils which abound in this profession, and which have at length become subjects of universal complaint."—Dublin, 1807.

Dr. Barlow's other works on Medical Reform were—

"An attempt to develop the Fundamental Principles which should guide the Legislature in regulating the Profession of Physic."—*Edinburgh Medical and Surgical Journal*, vol. 14.

"Exposition of the present state of the Profession of Physic in England, and of the Laws enacted for its Government."—*Edinburgh Medical and Surgical Journal*, vol. 16.

"An Essay on the Medical Profession, showing its natural unity, and suggesting such arrangements as would render its condition conformable to just principles of Political Science, and conducive to the interests both of the profession and the public."—*Edinburgh Medical and Surgical Journal*, vol. 28.

"An Essay on Medical Reform."—*London Medical Gazette*, vol. 13.

Besides these articles, Dr. Barlow wrote the reports that were presented to the Provincial Association on Medical Reform.

Dr. Barlow's other contributions to the *Edinburgh Medical and Surgical Journal* were, "Pathological and practical observations," occupying part of seven numbers, in vols. 9 and 10.

"Case of laceration of the fibres of the gastrocnemius muscle, treated without rest or confinement." Vol. 19.

"A case of bronchocele successfully treated by iodine." Vol. 21.

In the *Lancet* he published "A case in which chalybeate pills were retained for an unusual time in the intestines."—*Lancet*, March, 1827.

In the *Midland Reporter* he inserted "An account of a tape worm."—*Midland Reporter*, No. 13.

"On spinal weakness, and some effects of incipient curvature." No. 14.

"On dropsy, with coagulable urine." No. 16.

The Transactions of the Provincial Medical and Surgical Association are enriched by the following productions of his pen:—

"The objects and modes of medical investigation."

"Biographical memoirs of the late Dr. Thackeray, of Bedford." Vol. 1.

"The retrospective address delivered at the first anniversary of the Association, held at Bristol in the year 1833." Vol. 2.

"Records of ovarian tumours." Vol. 4.

"Address at the meeting of the Association, at Bath." Vol. 7.

"Address on vacating the chair at Liverpool." Vol. 8.

He wrote the following articles in the *Cyclopædia of Practical Medicine*:—

"Antiphlogistic regimen."

"Congestion of blood."

"Determination of blood."

"Physical education."

"Gastrodynia."

"Gout."

"Plethora;" and

"Rheumatism."

The "Essay on Physical Education" has been translated into most of the continental languages, and is generally admired.

In 1822 he published "An Essay on the Medicinal Efficacy and Employment of the Bath Waters, illustrated by Remarks on the Physiology and Pathology of the Animal Frame, with reference to the Treatment of Gout, Rheumatism, Palsy, and Eruptive Diseases."

To give an abstract of all these works would require a volume; most of them indeed are well known, and all are accessible to your readers. Extended comment is therefore unnecessary, and I need not occupy your pages by enlarging on their merits.

It will be perceived, that the subject of medical reform occupied Dr. Barlow's attention at an early period of his life. The pamphlet published at Dublin, in 1807, was a reprint of letters previously inserted in a newspaper. It was dedicated to Lord Henry Tetty, the present Marquis of Lansdowne. The author did not attach his name to it; but, in the preface, says, that "he is veiled in an obscurity which curiosity shall in vain attempt to penetrate." It may not therefore, be generally known, that this work was written by Dr. Barlow, as I believe he never publicly acknowledged it; but I have a copy which he presented to me, and, at the time, avowed its paternity.

Medical reform was a favourite theme with Dr. Barlow throughout his life, and how zealously and ably he vindicated its cause, must be in the recollection of most of the members of the Association. He was examined before the Parliamentary Committee, appointed in 1834, to inquire into the state of the profession; but his evidence was never printed, having, I believe, been lost in the fire that destroyed the Houses of Parliament.

I ought to have included in the list of his works one, which, though not strictly medical, is on a subject sufficiently connected with our profession to be deemed interesting to, and worthy of consideration by, medical men. I allude to a pamphlet which he published in 1825 (anonymously), and entitled "An Apology for the Study of Phrenology;" in which the author maintains its truth, and asserts its utility. Dr. Barlow became a convert to this science at the amiable and lamented Spurzheim's first visit to Bath in 1814, and was ever afterwards its zealous advocate. He was a regular attendant at the meetings of the Phrenological Society, during its existence, and read three papers on phrenological subjects before the members in 1840 and 1841.

I must not, however, trespass further on your space. The tribute which I now offer to the memory of our departed friend is very inadequate to his merits, but it is written by one who was long and intimately

acquainted with him ; one who admired his talents, esteemed his virtues, and will ever sincerely lament his death. It was not my intention to give a complete history of Dr. Barlow's life, and if this brief sketch of his character should disappoint the expectations of his friends, they may derive consolation from the assurance that his works have secured him a lasting fame with his profession, and that his memory will be held in grateful and honourable remembrance by his numerous friends in that Association, of which he was not only one of the founders, but one of its most useful, active, and eloquent members.

I beg to subscribe myself, Sir,

Your obedient servant,

ONE OF DR. BARLOW'S INTIMATE FRIENDS

P.S.—As a matter of curiosity, the friends of Dr. Barlow may like to know the impression which his person and manners made on the mind of an intelligent foreigner ; I, therefore, append to my letter an extract from a work of Dr. Gibson, Professor of Surgery, at Philadelphia, who attended the meeting of the Association at Liverpool, and was evidently much interested in our proceedings. Dr. Gibson, on his return to America, published an amusing little volume,* in which he gave an account of the medical men he met with in Europe ; and though he could not have had extensive intercourse with those gentlemen, from the short period of his visit at each place, yet his sketches, making due allowance for their flattery, generally bear sufficient resemblance to their originals, not only to show that Dr. Gibson is an acute observer of human nature, but that he must in some instances have made minute inquiry about the characters he has described :—

"Of the venerable Dr. Barlow, of Bath, who the year before had filled the honourable office of president of the Association, I cannot but speak in terms of high commendation. Though approaching in appearance and garb to the primitive simplicity of a Quaker or Methodist, there is an energy displayed in his fine regular features, in connexion with a bald head, and such development of the anterior lobes as a phrenologist would associate with extraordinary moral and intellectual qualities, enjoined with uncommon vigour of frame, in shape of short, well-knit joints, and brawny muscles, as would induce even a careless observer to conclude, at first sight, that he was no common man. Such was my own conclusion before he opened his lips, and by the time he had uttered a dozen words, in returning thanks to the Association for the compliment paid in selecting him as last year's Chairman, I was fully prepared to believe that few men could be found in that, or any other assembly, superior to him in vigour of intellect, clearness of conception, consistency of views, and dignity of mind and demeanour ; and I was not mistaken ; for, afterwards, during the whole of the debates, there was displayed a degree of intellectual composure and serenity, with quickness, sagacity, and even sharpness, so visible in his piercing black eyes, mixed with it, but so tempered, at the same time, by kindness of manner, and benevolent expression, as to impress irresistibly his hearers that he was not only a very sensible, highly cultivated, and learned man, but a good, honest, truth-seeking, plain-dealing, excellent Christian. By

* "Ramblings in Europe." Philadelphia : 1841.

birth, I believe, Dr. Barlow is an Irishman ; certainly he ought to be, judging from his short compact figure, square shoulders, and muscular powers ; but he has not a particle of brogue, nor any of that merry moisture of the eye, and comicalness of countenance that stamp the Hibernian ; on the contrary, his speech and whole demeanour afford apparent evidence of the regular John Bull. His writings, by which he is well known in Europe, and in this country, consist of a work on Pathology, published twenty years ago ; an Essay on Ovarian Dropsy ; another on the Efficacy of Bath Waters, and of various papers in different periodical publications." (Pages 109, 110.)

NEWCASTLE-ON-TYNE INFIRMARY.

CASES IN THE PRACTICE OF SIR JOHN FIFE.

Reported by Mr. F. A. GIBB.

TUMOUR OF THE TONGUE.

John Harris Shields, aged 13, admitted into the Newcastle-on-Tyne General Infirmary, May 2, 1844, apparently healthy, observed a tumour in the tongue first about six months ago. It seems about the size of a filbert, and is situated on the right side, far back.

7th. The boy being laid on a table, Sir John Fife passed an armed needle through the left side of the tongue, by which it was drawn forward. A scalpel was then passed rapidly through the healthy structure of the tongue, separating first the posterior portion of the disease, and, by a continued incision, the inner and anterior part. There was active hæmorrhage at first, but the vessels gradually retracted after the mouth had been often washed out with cold water. The canterly was not therefore used.

A section of the disease showed the centre to be quite cartilaginous, but the circumference was surrounded by an imperfect cyst.

8th. Tongue a little deformed, the space filling up, and cicatrization going on rapidly. Bowels regular.

9th. Has no pain nor uneasiness.

12th. Going on well. No pain, and the part nearly cicatrized, and cicatrix very small ; scarcely any alteration in the form of the tongue, which is less foul.

20th. Tongue quite clean ; can scarcely see any alteration in the form of the tongue.

21st. Can see nothing now ; convalescent.

INDURATED TUMOUR OF THE BREAST.

Mary Hurst, aged 36, admitted May 2, 1844. A large indurated tumour of the breast beginning to adhere ; retraction of the nipple ; extensive disease of the axillary glands ; disease has not long been discovered ; complexion dark, formerly ruddy, now sallow ; menstruation regular.

7th. Sir J. Fife made an incision in the axilla, intending to complete the excision of the glandular disease before commencing that of the breast, but the former proving more extensive than had been previously ascertained, and more room being required, the incision was at once extended to the lower part of the sternum. The upper incision was next made, the two including an elliptical portion of integument of great extent. The dissection was commenced in the axilla from below upwards ; the thoracica longior with its veins and nerves was removed with the glan-

dular mass appended; after which the tumour was dissected off. Many vessels required ligatures; four sutures were inserted, and the integuments were further supported by straps of Morrison's transparent adhesive.

10th. Was dressed this morning with the same dressing; looking very well.

21st. Convalescent.

DOUBLE HYDROCELE.

Jacob Handyside, aged 51, Bedlington, admitted May 2, 1844, with double hydrocele. *History*:—When 18 years old he hurt the left testicle by a blow, for which he was leeches, and since that there has always existed a greater fullness of the left side of the scrotum than of the right; within the last ten years, however, it became much larger, and the existence of hydrocele was evident. Seven years ago he was operated on by injection, having previously had the scrotum twice simply tapped. The hydrocele returned with pain in the lumbar regions, and numbness and debility of the legs; the left side of the scrotum being more distended than the right. Has been an exceedingly healthy man until within the last seven months. Appetite good; bowels regular. Two of the pilula rhei cum hydrargyro occasionally.

7th. Sir John Fife operated on the left side only, by incision, making an opening of about three inches long into the cavity, and excising a portion of the tunica vaginalis, which was thickened; he then introduced a small piece of silk ligature thread into the cavity, its end hanging out; the edges were drawn together by a ligature, and the scrotum was placed in a shallow boat-shaped suspensary bandage.

9th. Much tenderness and inflammation about the scrotum.

10th. Dressed with turpentine ointment.

21st. Convalescent.

FISTULA IN ANO.

Wm. Plitts, aged 32, admitted May 2nd, with fistula in ano, of seven months' duration; cannot assign any particular circumstance as the cause of it—thinks it might be cold. Florid complexion; enjoys good health, but previously was occasionally troubled with acid eructations and slight headaches; no pain nor fullness in the hypochondria. Bowels previously inclined to be costive. Commenced with a chronic abscess in the left perineum, below the fold of the glutæus maximus; had not much pain accompanying its formation. It was opened, and there is a fistulous opening, communicating higher up with the gut; another abscess has formed, which also communicates by the same opening with the rectum.

6th. Ordered an ounce of castor oil.

7th. Sir John Fife operated in the usual manner with a probe-pointed bistoury, opening the first sinus into the rectum; then, on introducing the finger point, he discovered another sinus running towards an abscess in the perineum, which he also freely opened. The incisions were filled with lint and covered by a soft dressing.

8th. Dressed with the same dressing.

9th. Going on well; no pain.

21st. Convalescent.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 29, 1844.

The statement recently put forth by the Society of Apothecaries, notwithstanding the manner in which it has been received by some of our contemporaries, has many claims to the attention of those who are desirous of seeing our Medical Institutions in a sound and effective condition. It is quite possible, that the Society may be disposed to take too much credit, for the unquestionable improvement which has taken place in the qualifications of their licentiates, since the passing of the Act of 1815. They may have over-estimated the efficiency of their prescribed course of study, and of their subsequent examinations, and may not have made sufficient allowance for the influence of the general increase of knowledge in all departments of the medical profession, arising from the more ready access to sources of information, and, above all, from the development of a higher degree of intelligence in the community at large. Still it cannot be doubted that the Apothecaries have, for the most part, well discharged the duties imposed upon them by the Act, in regard to the education and qualification of their members since that period.

A table is given in "The Statement," which contains an account of the number of candidates for the licence, examined, rejected, and passed in each year, since 1815, up to the present time. We have been at the pains to analyse this table, and to calculate the proportion of the rejections.

During the first twelve years, considerable variation seems to have existed, the proportion of the rejected in each annual period ranging from one in ten to one in twenty-three, of those examined; the average for the whole of this term being about one in fifteen. The greatest number examined in any one year of this period, (from August 1, 1825, to July 31, 1836,) was 488; the proportion rejected being one in eleven. The smallest number examined in any one year, of the same term, (from August 1, 1815, to July 31, 1816,) was 185; the proportion rejected being one in fifteen. Taking the six years in which the number of those examined was the smallest, (ranging from 185 to 297,) the proportion rejected was one in sixteen: of the six

years in which the number of the examined was the largest, (ranging from 340 to 488,) the proportion rejected was rather more than one in thirteen.

In the years 1826, 1827, 1828, and 1829, additions were made to the course of study; and in the year 1830, the regulations of the Court of Examiners underwent a careful revision. It is singular that from this period there should have been not only an increase in the proportion of the rejected; an event, perhaps, to have been anticipated from the increased requirements in the qualifications of the candidates, but also a great degree of regularity in this proportion, which is the more remarkable, as the results of former years had, in this respect, as we have seen, varied considerably.

The second period, terminating July 31st, of last year, includes sixteen years. The proportion rejected in the year 1830-31, that in which the revision of the regulations took place, was one in four; in the year ending August 31, 1836, one in five; and in each of the other annual periods, either one in six, or one in seven. The greatest number examined in any one year of this second period was in 1836-7, and amounted to 622. The smallest was in 1832-3, when the number of the examined amounted to 362.

In the first period, of twelve years, it will be observed, that the average proportion of the rejected and the examined in some measure corresponds with the number of candidates for examination, being greater when the number examined was greater, and less when the number examined was smaller. In the second period, of sixteen years, no such variation occurs. The fair conclusions deducible from the preceding details, are, that the course of study adopted during the latter period is efficient, and probably as extensive, as under existing circumstances can well be followed out with advantage within the period allotted to it, and that the examinations during the same period have been such as were, upon the whole, calculated to ascertain the qualifications of those who underwent them. In coming to these conclusions we are quite aware that the grounds upon which they are founded do not actually include the exact rate of qualification. This will be most readily ascertained by an examination of the course of study required. The standard may have been high, or it may

have been low, but, as far as the testing of the acquirements of the candidates for the licence is concerned, it is sufficiently apparent that of late years at least, the mode of examination pursued must have been uniform and fair, and with regard to the standard assumed, whatever that may be, strict enough to ensure a compliance with its requirements.

We have remarked, that the Society of Apothecaries may possibly be disposed to take more credit for the improvement in the acquirements of the general practitioner, than perhaps strictly belongs to them; and it must not be forgotten, that these acquirements have been for the most part attained in schools of medicine and surgery, over which they have had little or no controul. The Apothecaries have, however, the merit of having required from their own licentiates, such an amount of qualification as has entitled them in every respect to public confidence. The testimony of many very eminent members of the profession has been recorded upon this point before a Committee of the House of Commons, and among others, that of Sir Henry Hallford, then President of the College of Physicians; Dr. Seymour; Sir David Barry; Mr. Guthrie, then President of the College of Surgeons; Sir Astley Cooper; and Mr. R. D. Grainger.

It is probable that the uncertainty in which the long anticipated measure, which is to regulate all these matters, is involved, will in the course of a very few days be dissipated. To speculate upon its provisions now would be idle—to attempt to alter them futile—but unless the system of Medical Education proposed therein shall be full, efficient, and every way satisfactory, and the regulation of it placed in the right quarters, one, perhaps the most important, of the objects of those who have called for it, will be defeated, and the public, as well as the medical profession, will experience grievous disappointment and ultimate wrong.

Diseases of the Lungs from Mechanical Causes; and Inquiries into the Condition of the Artisans exposed to the Inhalation of Dust. By G. CALVERT HOLLAND, Esq., M.D., Physician Extraordinary to the Sheffield General Infirmary; &c. &c. London: 1843. pp. 100.

In noticing the work before us, we shall pass over the first two chapters, referring to the circumstances

in which the disease occurs, and the action of the inhaled noxious particles on the respiratory organs. There are few, we believe, in the present day, who will, with Laennec, question the fatal influence on the respiratory organs of habitually inhaling an atmosphere loaded with dust of various descriptions. The work of Dr. Hastings, on inflammation of the mucous membrane of the lungs, long ago drew attention to the pernicious effects experienced by the Worcester gloves, from the breathing of an atmosphere charged with fine particles of leather and pumice-stone, while several foreign authors have shown the mischiefs arising in a similar manner amongst stone-cutters and those engaged in grinding articles of cutlery. The researches of Dr. Holland have been carried on in reference, chiefly, to the effects of this last occupation, and afford much valuable information on those forms of pulmonary disease, arising from the inhalation of fine particles of dust, which occur among the hard-ware manufacturers of Sheffield.

A point of much interest discussed by the author in connection with this subject, is the modification which phthisis undergoes from a difference in the circumstances under which it occurs, and his opinions will be found of the more importance, as they apply not only to the forms of pulmonary disease observed among the Sheffield grinders, but are capable of being extended to phthisical affections, wherever they occur. They are also not merely speculative, but if correct, and from considerable experience in a similar class of affections, we are enabled to afford our testimony on this head, they are of much practical value in the treatment of various forms of phthisis and chronic bronchial disease.

In the ordinary and constitutional forms of phthisis, as we see it developed in persons of a scrofulous diathesis or otherwise debilitated powers, Dr. Holland contends, "*that the pulmonary affection springs out of a condition of the animal system prone to deterioration and decay;*" and that this condition is more frequently a cause than an effect of the local malady, whether this be seated in the lungs, kidneys, or any important gland, or series of glands. In such cases, according to the varying powers of the constitution, the progress of the disease is more or less rapid, may be protracted indefinitely, or arrested for years.

"In the artisans exposed to the influence of gritty and metallic particles," observes Dr. Holland on the other hand, "the predisposition and the pulmonary affection can only be an occasional concomitant; therefore, the vital powers, so far from accelerating the progress of the local disease from constitutional debility, struggle with vigorous efforts to resist the inroads of it. The success with which the contest is maintained is portrayed in the comparatively healthy expression of the body, and in the average duration of the malady. With the exception of the lungs, the animal system possesses considerable vigour, and the

important functions of life continue, during the incipient progress of the tuberculous degeneration, and other forms of pulmonary disease, to be performed with almost wonted activity. The striking external signs of constitutional phthisis, such as the lencoplegmatic, or scrofulous habit, the fair complexion, narrow chest, and white teeth, are not constant, but only occasional symptoms. The ample chest and well knit muscular powers are no protection against the agency of the external cause. Such conditions may retard for a time the ravages of the morbid action, but this ultimately prevails."

The broad distinctions which characterise the pulmonary affection in the class of artisans to whom the observations of Dr. Holland more especially refer, are, in his own words, as follows:—

"1. The disease occurs, not generally from any constitutional predisposition, but from the irritation of a mechanical cause. Where the predisposition exists, as indicated by a scrofulous habit, narrow chest, and weak muscular powers, the artisan is peculiarly liable to the malady, and falls an early victim to it. On the contrary, when the individual possesses a vigorous and well developed frame, the system exerts itself to ward off the morbid action, and for a time succeeds, or limits in an important degree, the influence of it. In such a case there is difficulty of breathing, though not distressing in its character, accompanied with manifest irritation of the larynx, trachea, or bronchial tubes, with frequent cough and expectoration of mucus, mixed with the inhaled dust.

"2. The duration of the disease is generally protracted. The average duration of constitutional phthisis is stated by writers to be about nine months; in the grinder, the average will be years, counting from the accession of difficulty of breathing, bronchial irritation, cough, and expectoration. No doubt these frequently exist, when there is no evidence of tuberculous degeneration of the lungs. The grinder seldom, if ever, applies for medical aid in the incipient stages of the malady. The symptoms are not sufficiently severe to interfere with his daily occupations, and so reckless is he of the consequences which inevitably flow from them, that they scarcely rouse him to reflection. As we have been engaged for years in investigating the condition of this class of artisans, our occasions for studying the disease, in all its stages, have necessarily been numerous. Ordinary professional opportunities would not have furnished all the required information bearing on the subject; and the least interesting is certainly not that which is derived from the early symptoms of the malady, and its various modifications.

"3. The artisan, except where a consumptive diathesis exists, is, with the exception of the pulmonary affection, in health. The appetite is generally good, the digestive powers vigorous, and the complicated process of assimilation seldom exhibits much derangement. During the continuance of the incipient symptoms, the fleshy appearance of the body is little diminished; the individual stoops forward, which arises in part from the bent position in which he works, as well as from the habitual cough with which he is troubled: in our opinion, largely from the latter cause. The expression of the countenance is often indicative of suffering.

"4. In the advanced stages of the disease, there is less alteration than in ordinary phthisis,—the breathing habitually *more* difficult, and the expectoration perhaps more copious. The pupil of the eye is seldom much dilated; nor are the teeth white. The pulse is frequently as low as eighty or eighty-five pulsations in the minute. The countenance, in this stage, exhibits great anxiety."

Much interesting and valuable information will be found, in the subsequent chapters, on the symptoms of the disease during its development and progress, and in particular on an important classification of the cases in the last or advanced stages; on the various incidental affections to which grinders are liable, and on the subject of pathology. These, however, we must pass over, and hasten to conclude our notice by making a few observations on the treatment.

"It will readily be imagined," as the author observes, "that in the aggravated stages of the disease, and in constitutions naturally delicate, or undermined by dissipated habits, art will be of little avail in arresting the progress of decay, or in affording any substantial relief." This is in accordance with the general experience of practical authorities, as well in these as in other forms of chronic pulmonary degeneration. The main value of Dr. Holland's remarks, under this head, arises from the distinction which he has so well pointed out, in the circumstances under which the affection makes its earlier inroads on the integrity of the pulmonary structure, and to which we have before alluded, as being applicable to other forms of chronic pulmonary disease.

In the case, where an individual of good general health and robust constitution becomes the subject of pulmonary disease, arising from the inhalation of gritty particles, the medical measures recommended, and from which the greatest benefit is said to have been derived, are, externally, leeches, from four to six, and sometimes fewer, at a time, repeated according to circumstances, and occasionally followed by small blisters, "perhaps two inches square;" internally, emetics when the cough is harassing and the expectoration copious; expectorants, alteratives, and tonics. The form of emetic usually prescribed, is a scruple of ipecacuanha, with one grain of tartar emetic; but a caution is given with regard to the use of the antimonial, on account of the severe depression which it sometimes occasions. Dr. Holland has frequently observed great benefit from the emetic when judiciously employed, and ascribes its good effects not to any change produced in the condition of the stomach, but "to the violent action of the respiratory organs, by which the circulation in the lungs is occasionally immensely facilitated." Expectorants are considered to be of great service when employed in conjunction with leeches and blisters, but alone, their value is often very limited. They are said to allay the irritating cough, and the distressed

breathing, and to secure tolerable nights. Tincture of ipecacuanha, oxymel of squill, and syrup of poppies, in camphor mixture, mucilage, decoction of liquorice or liverwort, are those recommended as most useful; and in form of pill, equal parts of storax, Dover's powder, and blue pill, two or three to be taken at bed time, or one three times a day.

We have seen much benefit from general measures similar to those here recommended, but we have doubts how far this benefit is to be ascribed to the expectorant properties of the medicinal agents. The chief utility of the so-called expectorants, in similar affections, would seem to be, in so modifying the action of opium as to enable us to exhibit the various preparations of that invaluable remedy, without the injurious consequences on the secretions which result from its employment uncombined.

After some improvement has resulted from the use of some or all of the preceding measures, tonics of various descriptions are advised, commencing with mild vegetable bitter infusions combined with expectorants; and, among these, the compound cascarrilla mixture is considered to be the most important.

It will be observed that the main features of the treatment here laid down correspond with that recommended by Dr. Graves, in his Clinical Medicine, in attacks of bronchitis and pulmonary catarrh, after the acute symptoms have been relieved. In short, at this period the disease, though arising from different causes, and occurring under different circumstances, becomes, as regards its essential pathological condition, the same. We cannot, however, here enter more at length into these considerations.

With regard to the treatment of the other form of the disease described by Dr. Holland, we fear little can be said. Tonics, removal to the country, and generous living, may sometimes afford temporary benefit; but, as the author observes, this constitutes the exception rather than the rule.

The tabular views and observations on the mortality and general physical and mental condition of the different classes of the Sheffield artisans, in the seventh chapter, with which the treatise concludes, are highly instructive, and may suggest the employment of precautionary measures, calculated to obviate some, at least, of the evils, under the accumulated influence of which, so many of them sink into an early grave.

BIRMINGHAM PATHOLOGICAL SOCIETY.

WALTER FREER, Esq., in the Chair.

Mr. Russell brought before the Society a specimen of carcinoma affecting the mamma of a woman named Hannah Wilson, aged 38, and extending into the muscles lying underneath, and to the skin of the breast, where some of the deposits were in a state of ulceration, especially around the nipple.

Mr. Russell then read a case similar to the one from which the specimen was obtained, as follows:—

was no tenderness in the abdomen; but pressure on the epigastrium gave rise to pain in the neck. Abdomen rigid, not much swollen; no sickness; pulse, 80; no fever. An enema, with Dr. O'Beirne's tube, and one-sixth of a drop of croton oil, with morphia and colocynth, every two hours.

He continued much in the same state until the fourth day of his illness; the pain gradually left him; the pulse continued between 80 and 96; the abdomen became tympanitic, with dullness over the cæcum and ascending colon. He presented no sign of exhaustion, but had hiccough. The enemata were continued, with croton pills and the warm bath.

On the fourth day (October 5th) he passed three liquid and very foetid stools, but seemed little relieved. Vomiting of dark green liquid, came on, and continued throughout the day, to the extent of two quarts. His pulse remained 92, firm and regular. He was becoming more exhausted. Enema of colocynth.

He had no stool on the succeeding day; but the vomiting was checked by opium.

On October 7th, the sixth day, he had five liquid stools, with appearance of recent bile. The succeeding day was again passed without any evacuation; but on October 9th, a colocynth enema brought away a pint of liquid fæces. Hitherto he had shown no sign of amendment, his abdomen had become less distended, and the dullness less marked; but he was much exhausted, though without fever. Took little nourishment, and was very much annoyed by constant hiccough; his tongue had become cleaner; he had no return of the vomiting. He now (October 9th) began to improve perceptibly; his bowels responded to purgative medicine; he recovered strength and appetite, and was able to sit up. The hiccough left.

On October 18th, the sixteenth day, after rather a full meal, he was seized with a rigor, and afterwards suddenly became insensible. I was summoned hastily, and found him in a state of reaction; his skin hot, face flushed, conjunctivæ turgid, pulse full and vibrating, sensibility somewhat restored; but he still remained much confused, and had lost all power of voluntary motion. His tongue was foul, but it did not deviate. His urine had been passed involuntarily. Leeches were applied; and colocynth and calomel prescribed.

Under this treatment the symptoms of congestion soon subsided, but he continued to be attacked with a rigor each day, at nearly the same hour; and his case assumed all the characters of intermittent fever. We then questioned him, and learnt that he had resided in Rome, but was obliged to leave on account of very impaired health, the effect of malaria. He returned to England, now twenty years ago, and on reaching this country suffered from a very severe attack of ague, which hung on him for some time; but did not return until the present time. We prescribed quinine, and the rigors left him after a few days from the period of their accession.

He now again seemed to be recovering, but on October 27th, was again seized with the pain in the left hypochondriac and lumbar regions. He continued much depressed during the day; his bowels were twice relieved by small doses of castor oil; the stools were healthy. The pain grew worse during the night, and on the following morning the pain in the tip of the left shoulder and in the left side of the neck returned.

He had neither sickness nor hiccough. Pulse 110; tongue white, furred; respiration 42; urine, with copious pink sediment. Abdomen somewhat tumid; free from tenderness. He was cupped and purged, with some relief; his pulse continued 114. In three days hiccough and vomiting returned. His bowels were quite open.

During the remainder of his illness he continued in much the same state, without hiccough, but with constant rejection of his food. He had little local pain; but the distension of the abdomen continued steadily to increase, and there appeared a fulness in the epigastrium. No careful examination could be made. His urine was copious, very muddy, and of a brown colour.

Three days before his death he had a sudden attack of excruciating pain in the abdomen, with prostration; but without vomiting. It soon subsided entirely, and was not followed by any tenderness.

He died November 5th, on the thirty-second day of his illness.

The body was examined forty hours after death.

The limbs were rather emaciated; the abdominal muscles covered by a considerable thickness of fat.

In opening the abdomen, between a pint and a pint and a half of fluid escaped; it was at first clear, but soon became mixed with a thicker and more turbid fluid. The transverse arch of the colon, very much distended with gas, extended across the abdomen, covered by a fat omentum; it adhered slightly but generally to the anterior wall of the abdomen, and divided the abdominal cavity into two spaces. Of these spaces the lower one contained all the small intestines; they were much collapsed but quite healthy in their appearance. It was in this space that the clear fluid was contained. The upper space had the appearance of a large abscess. It extended upwards beneath the diaphragm, behind the sternum and false ribs; and in front of the liver and of the great cul-de-sac of the stomach, it was lined by a very thick but soft false membrane, which covered the convex surface of the liver, extending thence over the great cul-de-sac of the stomach. The membrane was easily detached, leaving the surface of the organs which it invested apparently quite healthy. A small pouch, connected with the large abscess, passed under the acute margin of the right lobe of the liver, towards the right kidney. This large cavity was filled with fluid of a purulent appearance, of a brownish tinge, without any decided fæcal odour. The pyloric extremity of the stomach, and the first portion of the duodenum were united to the left lobe of the liver and to the pancreas.

The capsule of the spleen was very much thickened, and was intimately united to the large extremity of the stomach. The left kidney was healthy, but, together with the spleen, was surrounded by an extraordinarily copious deposit of fat. The right kidney appeared to be enormously enlarged, but preserved its normal shape; it adhered above to the right lobe of the liver, and below to the cæcum. On removing it and slicing it, the appearance of enlargement was found to be occasioned by an enormous quantity of lobulated fat deposited uniformly around it, and enclosed in a cellular capsule. This fatty mass contained various collections of a cheesy matter, resembling crude tubercle, varying in size from the size of a walnut to that of a pea, very irregular in shape, and enclosed in a capsule. In some of these collections

the tubercular matter had the consistence and appearance of pus. One or two similar deposits were found in the fat around the cæcum, and many more in the fat covering the spleen. Minute yellowish masses of a matter harder and more brittle than that contained in the deposits spoken of, were scattered through the great omentum, apparently merely entangled in its cellular tissue.

The substance of the liver, of the spleen, and of both kidneys was quite healthy; the mucous membrane of the stomach natural; the large intestines healthy; the gall bladder large, and filled with thin bile; the lungs and heart and the diaphragm healthy.

The bodies of the vertebrae seemed quite healthy.

Mr. Russell said this case had excited great interest both in his own mind, and in his son's, as well as in the mind of Dr. Palmer, who had attended with him.

Dr. Fletcher then brought before the society a morbid specimen, exhibiting dropsy in both ovaries and fibrous tumours in the uterus; and also a tumour which contained a very thick cream-like matter, and fibrous bands, with minute vessels shooting into them in all directions, with the kidneys and ureters attached, the former much atrophied and absorbed, the latter very much dilated in consequence of pressure of the ovaries upon their inferior portions preventing the flow of urine down them.

The specimen was taken from the body of Eliza Macdonald, aged 48, who became a patient of Dr. Fletcher's, February 23, 1843. She complained of pains in the loins, and of having become very weak and emaciated, and that she had been falling off from her usual health for about seven months. She had ceased to menstruate for a little longer period, but suffered from pain in the back at those periods. She had never borne children, but had enjoyed uniform good health. On examination of the abdomen, a firm hard tumour about the size of a large orange, was discovered in the right iliac fossa. On examination per vaginam, the os uteri was found very low down and very small.

This tumour gradually increased in size, and a second was afterwards discovered in the left iliac fossa, which again became unattainable to the touch, on the tumour in the right iliac fossa taking on an increased development.

The tumours increased in size; the pains at the menstrual periods were augmented in intensity. Her weakness and debility increased. The urine became scanty in quantity, and coma came on about a fortnight previous to her death, so that she did not express her sufferings, for the only indication of the peritonitis, discovered at the post-mortem examination, that was noticed by her husband and constant attendants, was once or twice her placing the hand upon the abdomen.

Post-mortem examination of Eliza Macdonald, Nov. 11th, 1843.

Body not decomposed, very emaciated. A large tumour occupied the inferior and right fourth of the abdomen. Head not examined.

Chest, lungs, and heart healthy. No more fluid than normal in the cavities of the pleuræ or pericardium.

Abdomen;—numerous, and firm adhesions of the peritoneum, which, at the lower part, bound the intestines, bladder, uterus, and tumours to be described into

one mass, so as to require very careful dissection to unravel them. Recent lymph and purulent secretion also abounded in this situation. With the exception of these adhesions, the intestines, stomach, spleen and pancreas were healthy.

Liver somewhat enlarged, congested, and inclined to the nutmeg appearance of its structure, and studded with about twenty deposits of medullary carcinoma, varying from half an inch to three quarters of an inch in diameter, of a very thick creamy consistence, in which minute blood vessels could be discovered by a lens of low power.

The mesenteric glands were enlarged, and many in a suppurating state. Pus infiltrated through the cellular tissue in their neighbourhood.

The uterus atrophied, but much elongated: it measures upwards of five inches in length. In the upper and anterior part of its structure is developed a fibrous tumour, about an inch in diameter, and just below this another fibrous tumour, about the size of a small pea. On its left side, midway between the fundus and its mouth, is situated a tumour, about three inches in diameter, containing very thick cream-like matter, and fibrous bands, with minute vessels shooting into them in all directions, so that in most parts they were of a vivid red colour, and appeared perfectly organized.

The right ovary was dilated into one large sac of about nine inches in diameter, with thickened parietes, strongly adherent to the fundus of the uterus and to all parts surrounding it, and fixed firmly in its lower part into the cavity of the pelvis: it contained about three pints of purulent fluid. The left ovary was dilated into two sacs; the upper about three inches, and the lower about two inches, in diameter, also closely adherent to the uterus and the parts in their vicinity, and the lower sac strongly adherent to the upper part of the tumour described to be situated on the left side of the uterus. They contained transparent fluid.

The bladder healthy. The right kidney small and atrophied; its pelvis and upper three fourths of the ureter very much dilated and distended with urine; in its lower fourth it winds round the right dilated sac of the ovary, in its course to the bladder, by which it is compressed so as to impede the passage of urine. The left kidney larger than the right, but not so large as normal; its pelvis and ureter are also enlarged, the inferior portion of the ureter being compressed, so as to impede the flow of urine along it, but not to the same extent as in the right ureter. Several capsules in the foetal state of development.

Numbers of the hæmorrhoidal veins were much distended by hardened dark-coloured blood.

CHARTER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The Charter of the College of Surgeons of England has now been published some time, and many criticisms have been made upon it; but so far as I have seen the remarks, some very serious defects in its enactments have not been commented upon. I have thought it might not, perhaps, be altogether useless if you placed

upon the pages of the *Provincial Journal* the letter I addressed to the Council of the College, when acknowledging the circular signed by their Secretary, informing me of being elected a Fellow. What other gentlemen, who have been elected, may have done in the way of expressing their opinions, I know not; but I hope many have not hesitated to do as I have done, as it is only by the general feeling being fairly expressed, that any impression can reasonably be expected to be made. The exclusion from the Council of those who practice midwifery, has been often spoken of, but I have never seen the gross inconsistency of the exclusion, with the requirements of a knowledge of midwifery by the same body who have framed the Charter, in every student, before he can even be admitted as worthy of an examination for membership, carried out legitimately. The absurdity of the two enactments—the one, not admitting a man to become a *Member* of the College if *he does not attend* to midwifery; the other, not admitting him to be upon *the Council* if *he does*—is so great, that I am at loss to conceive how it could ever have been overlooked; and still more, that it should not have been immediately obviated.

It must be recollected that my letter was addressed to the Council of the College only, and not intended as an expression of opinion upon the Charter as a whole. I only remarked upon what appeared to be the more palpable defects of it, and what might easily be remedied without in any way altering its general scope; for, whatever other defects it has, and however much we may feel that, according to all sound principles of legislating, a General Bill for the whole profession ought to have preceded any alteration of the Charters of particular parts of the profession, in accordance with which their powers ought to have been framed, yet I believe most reasonable men will allow that the Charter of the College of Surgeons of England is a step in the right direction.

I am, Sir, faithfully your's,

THOMAS NUNNELEY.

"SIR,

Some short time since I received a circular with your name attached, informing me of my election as a Fellow of the Royal College of Surgeons of England; I beg to present my compliments to the President and Members of the Council, and acknowledge the honour. I would have written earlier, but that I was wishful to examine the copy of the Charter sent, as from what I had heard of its enactments, I was led to think it might be fair to express my opinion upon some of the clauses. Having now carefully looked over it, I would take the liberty of calling attention to the following remarks, and in so doing, I would wish to state that I consider the recent Charter a great improvement upon the previous one, and in venturing to express my dissent from any part of it, I am only influenced by the desire to see the constitution of the College as perfect as may be.

By clause 10,* no one who practises midwifery or pharmacy, or who has practiced either within five years, can become a Member of Council. I shall not notice the objection to pharmacy, (though, as practiced by the more respectable members of the profession in the country, it fairly admits of question,) as I believe

the great majority of the profession would, perhaps, agree in the propriety of the exclusion, but I confess I am completely at a loss to conceive on what grounds the practitioner in midwifery is excluded.

It will not, I apprehend, be contended, that for the due and proper exercise of this branch of the profession, either less labour in the acquisition of the principles of the science, or of skill, discrimination, coolness, and fortitude in the practical application of it as an art, are necessary, than are required in any other department of medicine; nor can it be said its relations to our fellow beings are less important, while the name and character of many of those who have practised it are not inferior to those who have practised either of the other departments of the healing art. On the other hand, the regulations now in force for the education of candidates for Membership of the College, positively enjoin an adequate knowledge of midwifery before they can be admitted members. So that it is evident the Council, who require as a *sine qua non* the possession of this information in a member, consider the carrying out of this acquirement, namely the practical application of the knowledge required, and which is the only advantage of possessing it, sufficient to preclude admission to the very body who has ordered the possession of it,—an inconsistency, which to be made more perfect, only requires to be legitimately carried out—not to allow the body still more select than the council, viz., the examiners, to possess the means of judging if the candidate has complied with the regulations; for if it be improper for a member of Council to possess a knowledge of midwifery, *a fortiori* it must be for an Examiner to be an *accoucheur practising*, for I need not say, an *accoucheur in theory* only is fully as absurd as a *surgeon in theory*, and as unfit to conduct an examination.

The second objection is also founded upon clause 10,* which requires a Member of Council to reside within five miles of the post-office. In point of fact it is scarcely probable any one who resides in the provinces would be appointed upon the Council; but the enactment has so much the appearance of designedly confining the Council to the London Fellows exclusively, as though those residing elsewhere were unqualified for the office, that it would, I apprehend, have been better omitted, and to have required due regularity in the discharge of the duties of the appointment, and to have left the selection in the hands of the Fellows as to who were best qualified to perform the duties with honour to themselves and advantage to the College.

Clause 15,† will, I apprehend, be generally regarded as unnecessarily restrictive, for it confines the selection of the Council in a great measure to the Council alone. Whatever may be thought of the necessity of a Member of Council residing within five miles of the London post-office, it cannot, I suppose, be alledged that only those who so reside are capable of making a proper choice. It cannot be expected that gentlemen actively engaged in practice at a great distance, can or will annually travel to London, for the purpose of voting, and thus they will be virtually disfranchised. I trust those who are proposed as Members of Council, will be Members of the Profession so eminent for their attainments and character, as to render the selection not one of party, but an acknowledgment of

highest merit; in which case a man at a distance can give a written vote just as well as one who is present can drop a bean into a ballot box.

Clause 18,[†] contains, if I mistake not, regulations which may some day lead to difficulty and regret. It may very possibly happen from mistake, inadvertence, or some other casualty, that a gentleman may be unintentionally passed over; or it is quite possible circumstances may at one period exist, which would render the election of a Fellow, in other respects highly deserving, inexpedient, which in a few years may be entirely removed. Above all, the clause opens the door to intrigue and party cabals, which, though I do not suppose there is much chance of their occurring for some time to come, as I do not imagine the framers of it ever contemplated such an effect, yet I cannot shut my eyes to the fact, that if ever such a disposition should develop itself, and those who know human nature best will scarcely say it may not, this clause, especially when taken in conjunction with the disallowance of proxy votes, affords the means for a few individuals to exclude for ever a most meritorious Fellow, who from any cause may happen to be unpopular with them. I like not the idea of making any punishment, except for the most heinous offence against the laws and interests of society, irrevocable and perpetual, when perhaps the cause which called it forth has been trifling in its nature, and temporary in its duration. So long as the cause for the exclusion exists, let the penalty continue, but no longer. Surely those gentlemen who are thought worthy of the Fellowship may be safely intrusted to decide upon the fitness of any of their number to fill the post of honour; if they are incapable of this they are a disgrace to the profession to which they belong.

There are some other points in the charter, which probably many will consider might with advantage have been different, and some things omitted which I should have been glad to have seen inserted, but upon these I will not now trouble the Council. I must apologise to the Council for the length to which my remarks have extended, and throw myself upon the candour of its members for the plainness with which I have spoken. Feeling as I do that the science of medicine is the most important and arduous, and consequently the most honourable and responsible which a man can exercise, inasmuch as the highest interests of humanity are involved, I would have the laws for the regulation and encouragement of its members as perfect as can be devised, which I think every impartial person must admit, as indeed the fact of the new charter itself is evidence of, they have hitherto been far from.

I have the honour to be, Sir,

Your obedient servant,

THOMAS NUNNELEY.

MR. BALFOUR,
Secretary to the Royal College of
Surgeons of England.

NOTES.

Though the charter of the Royal College of Surgeons of England has been published in most of the Medical Periodicals, yet, as it is scarcely probable many persons will very distinctly recollect the whole of its contents, I have transcribed the three clauses

upon which the above remarks are made, in order to place the matter more clearly before my readers.

* Clause 10. "That from henceforth no Member of the said College, who shall not also be a Fellow of the same, shall be eligible as a Member of the Council of the said College; nor (but subject and without prejudice to the validity of any election to be made as hereinafter directed) shall any Fellow be so eligible whilst practising midwifery or pharmacy, or who shall have practised midwifery or pharmacy at any time during the five years next preceding the day of election; nor unless he shall reside and *bona-fide* practise his profession of surgeon within five miles, by highway or road, from the General Post-office, Saint Martin's-le-Grand. And if any member of the Council shall at any time after his election practice midwifery or pharmacy, or shall cease to reside and *bona-fide* practice his profession of surgeon within five miles of the General Post-office as aforesaid, he shall be liable to removal from the Council.

† Clause 15. "That the Members of the Council of the College shall hereafter be elected by the Fellows of the said College, including the Members of the Council as such, and such Fellows, whether Members of the Council or not, shall be allowed to vote in person only, and not by proxy; and that every number of Fellows not being less than fifteen present at a meeting convened for the purpose of electing a Member or Members of Council, shall be competent to proceed to such election.

‡ Clause 18. "That when any eligible Fellow shall have been passed by for want of any such examination as aforesaid, or having been balloted for, shall not be elected a Member to the Council, he shall cease to be eligible to be elected, except on such special terms of nomination as shall by the Council, by bye-law, be for the time being provided for such cases and upon such special terms. Any fellow so passed by, or not elected, may be re-nominated for and be elected a Member of the Council, but if he shall be on such second occasion, either passed by or not elected, he shall for ever thereafter cease to be eligible for election upon the Council."

GLOUCESTERSHIRE MEDICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I am requested to send you an account of some additional proceedings that took place at a special general meeting of the Gloucestershire Medical and Surgical Association, held at the Gloucester Dispensary, on the 18th instant, trusting you will give immediate insertion to them.

I beg leave to remain,

Your obedient servant,

THOMAS HICKES,

Hon. Sec.

Gloucester, May 21, 1844.

At a special general meeting of the Gloucestershire Medical and Surgical Association, held at the Gloucester Dispensary, on the 18th of May, 1844, and numerous attended.

The answer published by the physicians and three of the surgeons of the Gloucester Infirmary, to the proceedings of the last Quarterly Meeting of the Association, having been taken into consideration, the President addressed the Association as follows:—

"Gentlemen,—At your last Quarterly Meeting I had occasion to detail certain circumstances which had occurred at the Gloucester Infirmary, by which our meetings at that Institution were no longer permitted.

An answer to the statement I then made has been

published, and as it contains a declaration that I was incorrect, I feel it due to you, as much as to myself, to show you the grounds on which that representation was founded, and to make a few other remarks on the reflections which that answer contains.

After a recital of the proceedings at the Weekly Board of the Infirmary, it is observed, "Mr. Wilton's colleagues did and do feel themselves aggrieved by the course pursued towards them by him, which, however inadvertent, was yet *carried on consistently, and for a considerable length of time.*"

I confess myself quite unable to understand what is here meant; reviewing the proceedings, I see no course pursued or *carried on* by me for any period whatsoever, which could be either offensive or otherwise.

In the month of October last, I requested the Governors of the Gloucester Infirmary to permit our Association to hold occasional meetings in that institution. A ready assent was given, and our first meeting was held there on the 2nd of November following; of which circumstance, all those of my colleagues, who were not members of the Association, were informed, without delay, by a circular from the Secretary, which explained to them the objects of the meetings, and solicited their opinions upon them, and their aid and co-operation in carrying them into effect. From this time, till the 15th February, (more than three months,) the most friendly intercourse subsisted between my colleagues at the hospital and myself; and nothing arose to create the smallest suspicion in my mind that I had done anything discourteous towards them.

In the interval between the meetings at the Infirmary in October and February, namely, at the Quarterly Meeting on the 4th of January, one of my colleagues joined the Association, all the members of which were promptly informed that, on that day, the plan of holding their meetings at the Gloucester and Cheltenham Hospitals had been finally arranged, and, at my suggestion, the secretary wrote to request the three, who were not members, and who had not then answered our circular to favour us by attending our second meeting on the 15th February. This was the occasion when it was announced to me I had been guilty of a want of courtesy. I have before represented to you my efforts to soothe the displeasure of my colleagues; those efforts were sincere, and acknowledged to be considered so, but they were ineffectual, and my colleagues went in a body to the Board, and on the plea that *some time might be fairly required for deliberation*, instituted and carried on proceedings, which led first to the suspension of our meetings at the Infirmary, and ultimately to the entire exclusion of the Association from that Institution. In all this I took no part. How can it be said, or where is the evidence that I *carried on* any course to expose my colleagues to a charge, justly or unjustly, of a want of generous feeling? On the contrary, I declare most sincerely,—I may add, even solemnly,—that I viewed *their* proceedings with extreme sorrow, as calculated not only to produce disagreement between us, but to injure and depress the character of the profession to which we belong.

On the next point noticed by my colleagues, I am as much at a loss as on the last. They claim a voice and an opinion "in the administration of that department of the institution which is their peculiar province."

Surely, their peculiar province is the care of the patients committed to their charge; and what that has to do with the meetings of the Association in the Board-room, I cannot perceive, and of course am unable to explain my offence in this respect.

But, lastly, I am said to be utterly incorrect in having stated that the medical officers voted at the two meetings of the Weekly Board. Now, as it is evident that they instigated and promoted the decision of the Governors, it is not material to the general character of the proceedings, whether they voted or not; but that the Association may know that my representation was not made on light grounds, I must call attention to these facts. At the first meeting the five medical officers attended, with their written request to the Board, to suspend the privilege which had been granted to us. One of them (*Dr. Evans*) proposed the *resolution* to the effect that such privilege be suspended. Governors who were present believed them to have voted, and reported them to me as having done so.

I called on the Secretary and requested to see the minute-book, explaining that I wished to know who were present, and how they divided. He said that *Dr. Evans'* resolution was opposed by certain Governors, whom he named. He gave me to understand that all others present supported the *proposition of the Medical Officers*. He certainly did not say that any parties declined to vote, nor do the minutes record any neutrals. It is true he *now* tells me the Medical Officers did not vote.

On the occasion of the second meeting "two dissentients" are reported in the minutes. These were lay Governors, whose names were furnished me by the same gentleman; he mentioned no neutrals, nor were any recorded.

In conclusion, I have only to express my regret, at being compelled thus to address you. Had I not felt it a duty to give the above explanation, I should have left the reply of my colleagues without notice, as the general facts are admitted, and I would willingly have avoided any course that could possibly keep alive in their minds a feeling of anger or displeasure. And I trust it will be acknowledged that, both in my verbal and in my written communications to you, I have abstained from violent language, and ill-natured reflections; and time, I would hope, may change or efface the unfavourable impressions which either party may have received of the other."

The President having left the chair, Dr. Gooch, of Stroud, was elected chairman of the meeting.

The question having been further discussed, it was resolved unanimously,—

1st. That the thanks of this meeting be given to Mr. Wilton, for the full, clear, and temperate explanation which he has now presented of the recent proceedings at the Gloucester Infirmary, establishing all the main facts of his original report, and justifying the resolutions passed at the last Quarterly Meeting.

2ndly. This Meeting is decidedly of opinion that none of the five Medical Officers of the Infirmary, whether Members or not of the Association, could, with justice, complain that they had not been apprized of the proceedings of the Association, and that they had not had time for deliberation as to the propriety of its Meetings being occasionally held at the Infirmary.

3rdly. With regard to the denial of the two Physicians and three Surgeons of the Infirmary, that they voted in support of those resolutions of the weekly Board, which rescinded the permission granted to the Association; this meeting, while admitting the literal truth of that denial, can only express its regret that these gentlemen should have condescended to resort to expedients, which enabled them, without incurring personal liability, to defeat the intentions of the Association, and to exclude it from the Infirmary.

4thly. With regard to their assertion that the ultimate decision of the Governors was not instigated or promoted by the Medical Officers, this Meeting is reluctantly compelled to re-affirm the third resolution passed at the last Quarterly Meeting, it being obvious that the Governors of the Infirmary would not have recalled the permission granted in October, and cordially confirmed in February, had not they perceived that such permission was offensive to certain of their Medical Officers. And with respect to the proceedings at the last Quarterly Board, on which the Medical Officers have laid some stress, it is well known that the Governors present on that occasion negatived the discussion of the question, not because they felt any objection to professional meetings for scientific purposes being held in the Infirmary, but because they were resolved to avoid a collision with so large a majority of their Medical Staff.

5thly. With regard to the opinion again expressed by the Medical Officers, that such Meetings, if allowed at the Infirmary, should take place under the regulations of the Medical Board of the Institution, this meeting does not hesitate to declare, that had those Medical Officers complied with the request of the Association for their aid and co-operation, and had they become members, their wishes and opinions with regard to the regulations of its Meetings at the Infirmary, would have been received with all the deference and attention due to their official position; but that, not having joined the Association, they were obviously unqualified to interfere with its proceedings, and could never have been permitted so to do.

6thly. At the conclusion of the reply of the Physicians and Surgeons, it is observed that they fear not to ask the Association (among other parties) "whether the conduct they have pursued is not what any one of them would have adopted under similar circumstances." To this appeal it is incumbent on this meeting to answer—that no one present, and, it is hoped, no Member of this Association, would have adopted a similar course of conduct under any circumstances.

HYDROPATHY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Within these few days past, a respectable tradesman of Leeds has died under the operation of the "water cure." The case, on *post-mortem* examination, is said to have exhibited such palpable proofs of ignorance and malpractice, that if the rumours afloat be correct, exposure and reprehension are but an act of justice to the bereaved relatives, the public, and, though last not least, the medical profession.

For the purpose of ascertaining the correctness of

the report, I beg leave with your permission, and with the object of placing the case on record, respectfully to call upon the three medical gentlemen, Dr. Hobson, Dr. Drennan, and Mr. Garlick, who I understand were present at the autopsy, and under the care of the last of whom the deceased had formerly been, to favour their brethren with the whole facts connected with this serious case, which have come under their cognizance.

Should the information solicited be found to verify the *gravamen* of the report in circulation, I may have to crave permission for insertion of another communication on the subject. Meanwhile,

I am, Sir,
Your obedient servant,
INQUISITOR.

Leeds, May 18, 1844.

MEDICAL INTELLIGENCE.

Dr. Ferguson has resigned the Professorship of Midwifery, at King's College, London.

Dr. William Gregory, Professor of Chemistry in the University of Aberdeen, has been appointed Professor of Chemistry in the University of Edinburgh, in the room of Dr. Hope, resigned.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The annual meeting of the Suffolk branch of the Association, is appointed to be held at the Guildhall, Bury St. Edmunds, on Friday, the 7th of June. Any communications connected with the meeting should be made to the Honorary Secretary, Mr. Bree, of Stowmarket.

BOOKS RECEIVED.

Education: the Substance of an Address delivered before the Members of the Worcester Literary and Scientific Institution, at their Annual Meeting, in 1841. By Jonas Malden, M.D. Worcester: 1844, pp. 20.

Report on the Progress of Practical Medicine in the Department of Midwifery and the Diseases of Women and Children, during the years 1842-3. By Charles West, M.D., Member of the Royal College of Physicians, Physician to the Royal Infirmary for Children, and Physician Accoucheur to the Finsbury Dispensary. London: 1844, pp. 37.

Remarks on the Efficacy of Matico, as a Styptic and Astringent; with Additional Cases, Mode of Exhibition, &c. By Thomas Jeffreys, M.D. Longman and Co., London. W. Grapel, Liverpool, 1844; 8vo., pp. 37. Second Edition.

TO CORRESPONDENTS.

Communications have been received from Mr. Crosse, Dr. Kennion, Mr. Eden, Mr. Martin, and Mr. Pope. The letter from Dr. Hardwicke was too late for insertion in this week's number.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

REPORT OF SURGICAL CASES OCCURRING IN THE CHELTENHAM HOSPITAL, FROM 1830 to 1840.

By CLEMENT JAMES HAWKINS, Esq., Surgeon to the
Dispensary Department of the Hospital.

(Concluded from p. 120.)

CASES.

AMPUTATION OF THE THIGH.

J. Tanner, aged 40, a man of sober habits, was admitted into the hospital Feb. 9, 1838, under the care of Mr. Eves. There was a wound on the outside of the knee joint, which admitted the fore finger readily, from which the synovial fluid escaped freely; the femur was smashed, and the fracture extended to the upper third of the thigh; there was a considerable effusion of blood beneath the integuments upwards and downwards, which increased the bulk of the limb (naturally large); no pulsation in the anterior or posterior tibial arteries was perceptible; the nervous system was much shocked.

Operation.—The femoral artery being efficiently compressed by Mr. C. Fowler, Mr. Eves proceeded to remove the limb, by making two lateral flaps, and sawing the bone a few inches below the trochanter; some delay in securing the bleeding vessels took place: as they had retracted, the femoral and another large artery only were secured. Very little blood was lost. He was put to bed faint and exhausted. In the evening he vomited, and brought up a large quantity of undigested food. Muriae of morphia, in full doses, was given him at intervals during the first three days after the operation. The bowels were opened on the third day by house physic. It would be tedious to note the daily progress of this case; it is sufficient to observe that the constitutional disturbance was very great, the pulse remained at 120. The stump was dressed on the fourth day, but there was no attempt at union, and it wore a sloughy aspect. On the seventh day there was observed a small quantity of arterial blood in the dressings, which continued several days. This occurrence was viewed with alarm. On the sixteenth day several sloughs had separated, the system being supported with a moderate allowance of animal food, wine, ammonia, and morphia. On the seventeenth day, a little oozing of blood was observed in the evening, but as the amount was small, little attention was paid to the circumstance. The following day (being near the hospital) I was sent for, a considerable hæmorrhage having taken place. This I effectually arrested by pressure on the groin. Mr. Eves directed

moderate pressure to be kept up, and cold applied during the night. These means were perfectly successful in putting an end to the bleeding, and under great care, notwithstanding the very profuse discharge and extreme sloughing, the case was brought to a favourable conclusion, and at the present time (1844) I often meet him walking about the streets with an artificial limb. I have said nothing about a tedious exfoliation of bone which ensued, which, according to my own observation, is almost sure to follow an amputation performed under circumstances similar to Tanner's.

On examining the amputated limb, the femoral artery and vein in the popliteal space were found torn across.

AMPUTATION AT THE SHOULDER JOINT.

Charles Cook, aged 12, was admitted April 22nd, 1839, under the care of Mr. C. Fowler, with a severe comminuted compound fracture of the right fore-arm and arm, occasioned by the fall of a large quantity of earth on it.

Two hours after his admission, the patient having recovered in a measure, by the use of stimulants, from the immediate effect of the accident, Mr. Fowler proceeded to remove the limb at the shoulder joint, according to the plan recommended by the late Baron Dupuytren. The patient being seated on a low chair, and properly supported, a flap was raised from the anterior aspect, by pushing a narrow catlin through the mass of integument and muscle immediately below the acromion, the arm being held at right angles with the body; the superior flap was formed by cutting downwards. This was held back by an assistant, the arm being brought close to the side; the head of the humerus was quickly disentangled by dissecting down to the inside of the humerus; an assistant was then instructed to compress the artery in the flap with the finger and thumb, and the limb was separated from the body. A small quantity of blood was lost, and the operation was completed in less than a minute. The axillary and another large artery were tied, the boy became faint, and was put to bed; reaction ensued in an hour, and it became necessary to secure four small muscular arteries; the flaps were united by four sutures, and cold applied. Everything went on well; all the ligatures came away by May 14th, and on the 25th he was discharged.

ABSCESS OF THE TIBIA.—AMPUTATION.

Maria Arnott, aged 59, was admitted February 23rd, 1839, under the care of Mr. C. Fowler, for a disease of the left leg, of twenty years standing, which has been attended with a severe pain; during the last three

months she describes it as being intolerable. The integuments of the leg are much thickened, the walls of the tibia appear expanded, the superficial veins are gorged. She compares the pain to "a sharp instrument being sent up the marrow." She is desirous of having the limb removed immediately. In consultation, this request was at first refused, on the grounds that appearances did not justify the proceeding; however, she persisted in her request, and on February 29th Mr. Fowler proceeded to amputate the thigh by the circular operation; the femoral and several other arteries were secured.

In about two hours after the operation hæmorrhage came on, which obliged us to open the stump. The chief source of hæmorrhage was the artery of the medulla, which poured out a large quantity of blood; a strong solution of sulphate of zinc was applied, and after some time the bleeding ceased. All went on well, but the ligatures did not separate before the 3rd of April.

Examination of the limb, after the operation, discovered a thickening of the integuments. On sawing the tibia longitudinally, the cancellous structure was destroyed, and the lower portion filled with fetid pus, in my opinion fully justifying the operation which the patient prescribed, and so resolutely insisted on.

ANEURISM OF THE FEMORAL ARTERY—OPERATION.

William Spencer, aged 30, a tailor by trade, applied to Mr. C. Fowler, early in the month of July, 1839, on account of two tumours of an aneurismal character, one situated about six inches below Poupart's ligament, the other in the popliteal space of the left leg; the former being about the size of a duck's egg, the latter the size of a lemon.

He is of a spare habit, sallow, and unhealthy; has led a tolerably steady life, and has been in-kneed from his birth.

The history he is able to give of the disease is confused. He remembers first observing the swelling in the ham three years ago, but did not pay much attention to it, as he thought it was the result of deformity. His attention was first attracted to it on account of sharp pain in the leg. He has no idea when the tumour in the thigh made its first appearance, or which came first.

His appearance indicates disease of the chest. On several occasions he has spit up blood. The action of the heart can be heard all over the chest, and the impulse is very strong; the breathing hurried; the pulse at the wrist full and strong, always above 100.

In consultation it was determined not to tie the vessel at present; and his general aspect, and the great arterial excitement appearing to us to contraindicate any interference, he left the house.

August 31st. He was made an out patient under my care, and was seen by Mr. Fowler; the swelling in the ham had greatly increased, and had ceased to pulsate; the integuments covering it had a livid appearance; the swelling in the thigh had made no progress; the limb was painful and cedematous. In this state he was admitted into the hospital, a tourniquet being applied in the middle of the thigh, in order to arrest any bleeding that might occur. Pulse 120; unable to sleep for pain.

September 1st. His condition was fairly represented

to him by Mr. Fowler, and the operation of tying the external iliac artery proposed, which was consented to. He was bled and took a dose of castor oil.

September 2nd. The operation was performed by making an incision, extending from the superior spinous process of the ilium to within an inch of the abdominal ring, in a semilunar form. The artery was exposed with very little disturbance of the surrounding parts, and a ligature passed around it by the common aneurismal needle. The pulsation in the tumour immediately stopped when it was tightened; a small quantity of blood was lost, and the wound dressed by one suture, and plaster. He bore the operation with great fortitude. Warm dry flannel was applied to the limb. In the evening he complained of pain and numbness in the limb; pulse 120, temperature natural. He took a grain of morphia, in divided doses.

September 3rd. Slept some hours; tongue dry, complains of thirst; has passed no urine. I suspect none has been secreted.

September 4th. Had a good night; passed his urine freely; has occasional numbing pain in the limb. Pulse 116.

5th. Much the same.

September 6th. Another good night; complains of pricking pains in the foot; the limb is livid and its temperature low. A hot brick was applied, and nourishing diet and diffusible stimulus administered. It would be useless and unprofitable to note the daily progress of this case; it is sufficient to observe that gangrene of the limb ensued as high as the knee; that the tumour in the ham sloughed and discharged a fetid fluid, and he gradually got weaker and weaker, and died October 1st, no opportunity of amputating the limb being afforded, even had it been thought right to adopt such a measure.

POST-MORTEM EXAMINATION TWELVE HOURS AFTER DEATH.—Head not examined. The contents of the chest were more healthy than I expected; the right lung was adherent to the pleura, and exhibited marks of recent bronchitis; the heart was hypertrophied, especially the left ventricle. The femoral artery was traced on the left side; the ligature was placed on the external iliac artery, about an inch from the origin of the epigastric, and half an inch above Poupart's ligament; clots had formed above and below the ligature; the femoral aneurism was dissected out. At the termination of the sac there was a second artery running over the sac as large as the brachial, which was pervious; and, if a conjecture may be hazarded, I conceive it went to the popliteal tumour, which was destroyed by sloughing.

DISLOCATION OF THE FEMUR.

Ann Cox, aged 65, was admitted under the care of Mr. Agg, in the summer of 1833.

She was endeavouring to extricate a stick from beneath a large paving stone, which was standing against a wall; the stone fell, both legs being under it. She was unable to extricate herself till some people came to her assistance; she was carried to her cottage, and application for assistance was made at the hospital. When a pupil I went to see her. I found her left leg bent and turned inwards, the foot inverted, the trochanter projecting, and higher than it should be; the limb was nearly two inches shorter than the

opposite one. I ordered her to the hospital, and communicated my suspicions to Mr. C. Fowler, who happened to be in the building at the time, that I had seen a case of dislocation of the hip in a woman 65 years of age. The surgeons agreed that the case was one of dislocation of the head of the femur on the dorsum ilii, and about four hours after the accident they proceeded to reduce the luxation, the pulleys and other apparatus, recommended by Sir Astley Cooper, being used. Extension was kept up for nearly an hour before the bone went into its place, which happened while the limb was being rotated. Two grains of emetic tartar were given a few minutes before the reduction was accomplished, which produced its full effect.

COMPOUND FRACTURE OF THE TIBIA DURING PREGNANCY.

Ann Young, aged 36, a woman of good constitution and quiet temper, was admitted February 22, 1839, with a compound fracture of the right leg a little below its middle.

She is in the eighth month of pregnancy. The accident was occasioned by a sudden twist in getting out of bed. A surgeon was sent for, who found a wound in the leg, through which nearly an inch of the tibia protruded. The fracture was very oblique; the bone was reduced with little difficulty. A piece of lint and plaster were applied to the wound, and the limb was placed in splints in the fracture box. Spirit lotion was applied.

February 28th. The wound was dressed, suppuration had commenced, and there was a slight erysipelatous blush about the wound. The limb was dressed with simple dressing.

March 10th. The wound has firmly healed, and everything is going on well. I substituted two straight pieces of board for the common leg splints.

Five weeks from the receipt of the accident the bones had firmly united; on April 2nd, I delivered this woman of a fine healthy female child, and on the 14th, she left the house.

LITHOTOMY.

Thomas Trigg, aged 30, a labourer, of robust make, was admitted May 8th, 1832, under Mr. C. Fowler's care, with symptoms of stone in the bladder.

He has been subject to gravel since the age of seven years, for which he has been treated with benefit. He did not experience any painful or unpleasant symptoms till a year ago, when he suffered great pain in the loins, which was followed by a constant desire to void his urine, and other symptoms of stone. At the present time, his rest at night is much disturbed by the irritability of his bladder. He was sounded, and a stone felt. He is very anxious to have an operation performed for his relief. Some alterative medicines were prescribed, with a spare diet; by these means the irritability of the bladder was much lessened.

May 21. The rectum having been previously emptied, the operation was performed with the curved staff and cutting gorget; the first stroke of the knife divided a large transverse perineal artery, which required to be tied. Some difficulty was experienced in grasping the calculus with the straight forceps, as it lay behind the pubis. Assalini's curved ones were introduced, and a calculus of the mulberry kind extracted, weighing one

ounce. About sixteen ounces of blood were lost. The operation was rendered difficult by the great depth of the perineum. In about an hour after the operation, a great hæmorrhage occurred, which was only arrested by plugging the wound with a sponge, the patient's condition being very precarious; he vomited several times. The urine passed partly by the wound, and partly by the urethra, no doubt owing to the presence of the plug of sponge. This was removed on the third day after the operation, and the urine passed entirely by the wound till the 30th, when it passed by the natural passage. On the 13th of June he was discharged, cured.

ON MOVING MOLECULES IN THE INTERIOR OF CELLS.

LETTER FROM MR. ADDISON, OF MALVERN, TO DR. STREETEN.

MY DEAR SIR,

I address you personally on this occasion, to thank you for the care and attention with which you examined the moving molecules in the interior of the mucous cells in saliva, through my microscope, the other evening, at Mr. Peake's. Since then I have had an opportunity of showing them to the eminent professor of geology and mineralogy, Trinity College, Dublin, John Phillips, Esq., F.R.S.

In the first series of my "Experimental Researches" published in the eleventh volume of the Transactions of the Provincial Medical and Surgical Association, I concluded that *tubercles* and *hepatization of the lungs* consisted of matter accumulated by colourless blood-cells; and in the second series, just published in the twelfth volume of the Transactions, I have arrived at the still more general and important conclusion, that the colourless-blood-cell is the last or most highly organized form which living matter assumes in the circulating blood, and the essential or primary form of the living matter of the solid tissues, whatever may be the nature of the function of the tissue, healthy or diseased. Since the printing of the last of these researches, I have discovered, by employing a higher magnifying power, (from 700 to 1000 diameters linear), an essential distinction between cells having moving molecules visible in their interior, and a disposition to discharge or liberate them; and those which have apparently passed through or have been arrested in the progress of what appears to me to be a vital and a normal change.* The accompanying paper contains the result of a more minute and critical examination of the objects circulating in the blood of the part, or discharged in the frequent and unimportant affections of the skin and mucous membranes, with especial reference to these active, moving, or living molecules, so numerous within the blood, the saliva, and the pus cells. The drawing I send is a correct and faithful representation of the appearances exhibited, or of the changes visible in the colourless blood and in the pus-cell a short time after these objects have been mingled with a drop of blood-warm water, as seen by a good, I may say, a first-rate microscope, amplifying 1000 diameters linear; and there can, I imagine, be no severer test of the qualities of an object glass, than the perfect definition of the

* Vide *Provincial Medical Journal*, March 9th.

active molecules in the interior of, or discharged from these cells. The figures are also equally faithful delineations of the appearance and changes exhibited, without any addition, by the mucous cells in the saliva. The minuter dark specks of the drawing indicate the appearances of the isolated moving molecules visible in the saliva, in mucus, and in pus.

You are aware that objections have been made (without any examination of the facts) to the truthfulness of my researches, on the ground of the insufficiency of the microscope; this objection I have met, and I hope successfully refuted. The next ground for doubt is, whether the movements which I see in the interior of the colourless-blood, mucous, and pus cells; and in numerous other independent or isolated molecules; can be considered as *vital* or indicative of life, when inorganic molecules exhibit very considerable motion, viewed by microscopes of high power. I think I am able, to a certain extent at least, to meet this objection.

When a thin film of fluid, containing free molecules, between two laminae of glass, is submitted to a high magnifying power, currents in various directions are almost always to be seen in it; caused, I believe, by the gradual evaporation going on at the exterior edges of the fluid. Now, the active molecules of Brown, and other observers, although they exhibit peculiar and very singular motions, *independent of*, are yet never seen to oppose or to contend against, this current, but always to be carried along with it; whereas, the active and independent molecules which I can see in the saliva, move about rapidly in all directions, at right angles with, or opposed to, these currents; besides many of the forms are more or less cylindrical, and exhibit a wriggling motion, entirely distinct from anything of the kind to be witnessed in inorganic or dead molecules. A simple experiment, within the reach of all who possess a good microscope, will be sufficient at once to place the matter beyond all doubt. Nothing is more common than to see persons with *tartar-like* accumulations upon the teeth, and at the edges of the

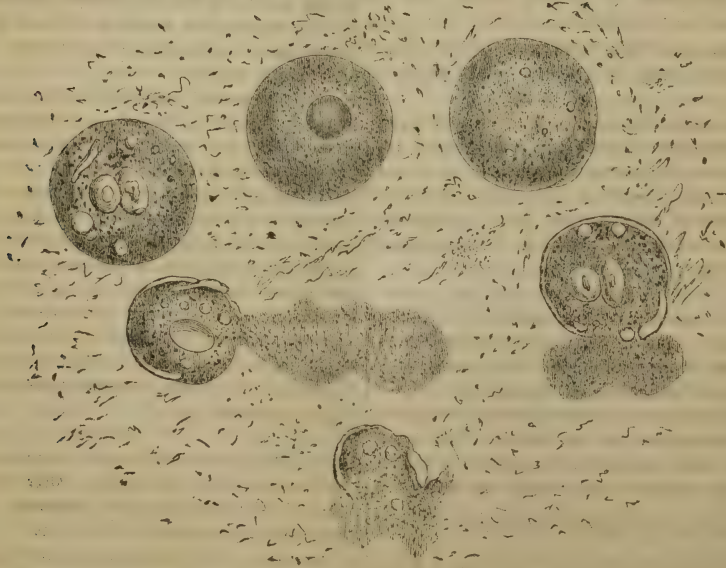
gums; and many such persons, when I have cautioned them to be more cleanly and particular, have told me that they are accustomed to use a brush, but cannot remove, or keep from freshly accumulating, the ill-looking matter in question. If a little of this matter be removed and squeezed quite flat between two laminae of glass, it is found to swarm with living forms or molecules, mingled with very long cylindrical hair-like bodies, attached to amorphous granular masses. The cylindrical hair-like forms have been, I believe, usually considered as a cryptogamic *mycodermatous* vegetation; and no doubt some are of this nature, but in several cases they have appeared to me more like the *frustules* belonging to some of the questionable forms of animal life, for I have frequently seen portions moving. However this may be, certain it is that the fluid swarms with *living molecules*; and it is of deep interest to determine whether they originate from the active molecules of the mucous cells accumulated upon, between, and around the teeth, taking upon themselves a vital activity unconformable to the healthy structures, or from invisible ova in the atmosphere; or whether, as a third possible mode, they accumulate from both sources. The interest I allude to is not confined to the practical question of the means of preventing these unsightly and unwholesome accumulations, which gradually destroy the gums and loosen the teeth, but it extends to various internal and external diseases. You are not to suppose that the active, and, as I believe, independently living molecules of the saliva, are discoverable only in those persons who have visible accumulations on the teeth; on the contrary, they may be found by the microscope more or less abundantly in all, even the most cleanly; and on all occasions the morsel of food must be full of active molecules, or living forms, at the time it is swallowed.

Believe me to remain,

Yours very sincerely,

WILLIAM ADDISON.

Great Malvern, May 4, 1844.



ERYTHEMA.

"Def.—A red smooth fulness of the integuments, accompanied with burning pain; terminating generally in scales; occasionally, but rarely, in gangrene; not contagious."*

"A superficial congestion of the dermis of greater or less extent, non-contagious, and occurring in the form of patches, variable in size, form, and number; attended with a slight degree of tumefaction. The disease terminates by exfoliation or desquamation of the epidermis."†

CASE I.

ERYTHEMA NODOSUM.

A young woman, aged 19. Patches as large as the palm of the hand, on the front of each leg; of a dark, dusky, bluish red; mottled and very tender; somewhat hard, and slightly swollen. Complaints of headache, thirst, fever, and loss of appetite, with pains in the back and legs. I punctured with a lancet one of the red patches, and examined the blood with a linear power of 700. I found in it nearly as many colourless cells as red ones. The colourless cells were uniformly molecular, smaller than the mucous cells in saliva, but like them, filled with a number of minute dark objects or molecules. I added a drop of water at the temperature of 90, having one drop of liquor potassæ to the ounce. The colourless cells gradually increased in size; and in the course of from three to five minutes, by very careful attention, I could see, in the majority of them, very active motions among the contained molecules. I also saw some of them open and discharge myriads of minute active molecules, without any immediate alteration in their figure or appearance. The motions of the molecules remaining in the interior of the corpuscle however, gradually ceased after this event, and the corpuscles slowly changed, showing large coarse granules, or discs.

At the end of four days I saw the case again; the blueness or redness of the patches on the legs had very much diminished, though still evident, and the tenderness was less. I punctured the skin in the same way, and examined the blood drawn, as before. There were now not a tenth of the number of colourless cells.

Four days after, the redness was very nearly all gone; there was now considerable itching in the part, and the skin for a long way around looked as if powdered lightly with a white powder, and large broad white lines showed, where the girl had, by scratching, raised the desquamating epidermis in her attempts to allay the itching.

CASE II.

ERYTHEMA NODOSUM.

A young woman, aged 22, complaining of feverishness, headache, and pain in the back, showed me a slight blush of erythema on one of the legs, and a large bulla, the size of half a walnut, resembling a bulla of pemphigus, on the other. The cuticle covering the bulla was very tense, thin, and shining, but there was not the least degree of redness in

the surrounding integument. I punctured the vesicle with the point of a lancet, and instead of its discharging its contents and collapsing, as I expected, only a small drop of perfectly transparent and limpid fluid flowed out. In this fluid I found several corpuscles, or cells, some were evidently red blood-cells, others resembled, and in my opinion were, colourless blood-cells. There were, besides, sundry other forms of cells, some entire, others flattened, and altered in form, having numerous filaments of the utmost degree of tenuity attached to them. All the colourless cells were more or less entirely filled with the most minute molecules, and there were several little masses and congregated groups of isolated molecules attached to each other by long and delicate filaments. Some of the cells were actually discharging molecules, and others had filaments so attached to them as to appear as if clothed with cilia. There were also several fibrillated networks, composed of filaments, molecules, and corpuscles; and here and there perfect but small epithelial cells. I now snipped off the point of the vesicle with a pair of scissors, and yet it did not discharge the whole of its fluid. This was explained, when on examining the portion removed by the microscope, it was found to consist of a most intricate network of fibrinous filaments, which ramified through the whole interior of the vesicle, and retained the fluid in its meshes.

CASE III.

ERYTHEMA NODOSUM.

A young man, aged 26, had been ill with symptoms of pleuritis and general functional disturbance for three weeks; at the end of this period both legs, from the ankles to the knees, became nearly covered with various sized patches of erythema, one or two very large ones being situated on the calf of the legs. I punctured one of the darkest of the spots, and the appearance of the blood under the microscope, (700 linear,) was exactly that represented in the wood-cut, in vol. 12, p. 268, of the Transactions, only that there was a greater proportion of colourless blood cells, and more isolated molecules. After about five or six minutes the whole of the interspaces between the rows of cohering red cells were covered by a delicate fibrinous web.

I have usually observed three facts in blood drawn from inflamed parts—1st., an increased amount of colourless cells; 2nd, an increased amount of isolated molecules; 3rd, a very evident web or net-work of fibrinous filaments in the interspaces between the cohering red cells. It is very necessary to distinguish a *fibrillated* net-work from a *cellular* one. The former is seen in the buffy coat of the blood, and is composed of fibres or filaments variously interlaced, and having no regular interspaces; the latter is very different, being composed of more or less globular cells, having their walls compressed against each other, forming various polygonal meshes, with a structure or with molecules and granules within them.

HERPES.

"Def.—Vesicles in distinct irregular clusters, upon an inflamed base extending a little way beyond the margin of each cluster, accompanied with tingling, concreting into scabs."*

* Bateman's Practical Synopsis of Cutaneous Diseases, P. 167; 1829.

† Lectures on Diseases of the Skin, By Erasmus Wilson, Esq., quoted from the Lancet; Vol. 2, 1842-43; p. 249.

* Bateman's Practical Synopsis of Cutaneous Diseases p. 319. 1829.

"Herpes is characterised by clusters of globular vesicles on inflamed patches of small extent, and of a circular or irregular form. Each vesicle subsides, either by absorption of the contained fluid, and the desiccation of the shrivelled epidermis into a thin brownish scab, or by the rupture of the vesicle and the desiccation of the secretion of the denuded dermis into a similar scab. The fluid (in the vesicles) is at first limpid and transparent, it then becomes milky, and sometimes a false membrane is formed within the base of the vesicle."†

CASE IV.

HERPES LABIALIS.

The same young woman mentioned before, with erythema and the large bulla, or vesicle on the leg (case 2), became, about a month after, affected with herpes labialis, accompanied by similar general symptoms to those present on her former illness. There were now eight or ten little vesicles, about the size of a small split pea, congregated together, and surrounded by several smaller bright red elevations at the edge of the lower lip and towards the corner of the mouth. I punctured one of the vesicles, and a perfectly clear transparent fluid was discharged. In this fluid I found several colourless corpuscles, in various conditions; they were for the most part very pale, and filled with minute molecules. Several of them were ruptured, and at the ruptured parts there was a number of minute molecules, which had evidently escaped from them. At various places in the fluid there was a delicate fibrinous or fibrillated network, inclosing molecules and altered corpuscles, and at other parts there were several masses of pale corpuscles connected together, and forming a *cellular network*, very distinct, and very different from the fibrinous network. It is necessary, perhaps, particularly to remark that the colourless cells in this transparent lymph were much more delicate, their outline fainter, the molecules in their interior more minute, the fibrinous filaments and the number of aggregated masses of minute molecules more copious than in the fluid termed pus.

On the following day the vesicles of herpes, on the lip, were turning milky or yellowish; I again punctured one; the fluid discharged was clouded and more opaque, and I now found by the microscope that it was filled by what are termed *pus-cells*, and it was necessary to add a drop of water to examine them.

By careful inspection I saw numerous cells, not differing in anything from the mucous cells in saliva, with myriads of molecules actively moving in their interior. I observed several of these burst open and discharge myriads of these same actively moving molecules; after which the cells became somewhat smaller, but without losing their circular figure. These cells with moving molecules, were mingled with numerous others, more varied in their aspect, with larger dark objects and bright granules, more coarse looking, and devoid of any movement whatever in their interior. In many places in the field of the microscope I saw congregated masses of cells resembling pus-cells, running into or being fused into each other, in the midst of which I could here and there detect actively moving molecules; in other places I saw similar congregated

† Lectures on Diseases of the Skin, by Erasmus Wilson, Esq., quoted from the *Lancet*, 1842-43. Vol. 2, p. 492.

or aggregated masses of fused cells, having much more of the form and appearance of incipient epithelial cells; and in some of these masses I could discover that all the cells were filled with exceedingly minute and very actively moving molecules. The minute molecules discharged from the living cells continue in visible active motion for a considerable time.

PORRIGO.

"Def.—An eruption of straw-coloured pustules; concreting into yellow or brownish crusts, or cellular scabs."*

CASE V.

PORRIGO SCUTULATA.

A child, aged 5 years, under treatment; the head had been shaved the day before. Dispersed over various parts of the scalp were numerous, large, and variously-shaped red patches; and upon these red patches innumerable minute white heads and red elevated points. I punctured one of the *white heads*, and squeezed out a little matter; this was mingled, with a drop of water, and submitted to the microscope. The fluid was filled with cells and innumerable minute free molecules in active motion. These cells were most of them more or less oval. Some of the cells were discharging molecules and losing their figure. I placed the slip of glass, the fluid being covered with a thinner piece of glass, on the warm mantel piece, for five minutes, and then, on examining it, I found a great many more of the cells ruptured, and altered in character thereby; mingled with these, however, there were a great many that still retained their sharp outline, now perfectly circular, and very much larger than before; and in them I could readily detect myriads of molecules in very active motion. I saw some of them burst, and emit a part of their contained molecules; and these emitted molecules performed very active motions, which I could attribute only to their being alive. I now punctured one of the *red points*, and a minute drop of blood flowed out; on examining this, without any addition, by the microscope, I found at least one-fourth of the cells colourless, and filled with molecules; and there was an abundance of loose or isolated molecules. The red cells evinced a very powerful adhesive quality, which I was able to estimate in some degree by the elongation to which they submitted before they would separate from each other; I saw many of them drawn out almost into a filament before its adhesion to a fellow cell was overcome, and when the separation was effected, their elasticity restored them to their normal form.

CASE VI.

LYMPH?

A child, 10 months old, with a *navus* on the forehead. Stimulating applications had been used (solution of muriate of ammonia in vinegar); the surface was very red, shining, and tense, and in two or three places a perfectly transparent fluid or lymph was oozing out. I collected a drop on the point of a penknife; it was placed on a slip of glass and an equal quantity of water mingled with it. On examining it by the microscope, (with a linear power of 900 diameters,) I found numerous large cells, exactly resembling the mucous cells in saliva, and the majority of them were filled with molecules in the utmost state of energetic

* Bateman's Synopsis.—Lec. cit.

motion. I saw several of these cells open, and multitudes of active molecules were emitted, after which, the cells assumed the irregular outline and coarse appearance of pus-cells.

In several places I saw cells aggregated and fused into each other, forming a larger mass, filled with active living molecules. There were a great many red blood-cells mingled with these colourless and molecular cells, and also a great many isolated active molecules.*

CASE VII.

ULCERATED LEG.

A young woman, aged 20, housemaid, asked my advice for a large ill-conditioned ulcer on the leg, with large inflamed varicose veins. The limb was very hot and painful, and the veins were in many places extremely hard and tender. She was ordered to poultice the sore, and keep the leg constantly wetted with cloths dipped in cold water; directions were at the same time given her as regards her diet, the recumbent position of the limb, and strict attention to the bowels. At the end of a week I saw her again, the ulcer was improved in appearance, the veins were less prominent, but the leg was now covered with purulent heads, and small ulcers at the base of each of the hairs. I hailed this as a good omen, for I have always found the old wound to improve and begin to heal, when these appearances, which illustrate my theory of nutrition, show themselves. The matter discharged from the sore, and that contained in the smaller purulent heads, contained the ordinary forms of cells; some living and discharging live molecules, others dead and disintegrating; they were mingled with myriads of active molecules. The leg was now strapped and bandaged. At the end of a fortnight, the original ulcer was very nearly healed, the granulations being upon a level with the healthy integument; the minor ulcerations were all healed, and the limb was now covered with white scales and flakes of exfoliating cuticle. The situation where each of these minor ulcerations had been, was now marked by a very dark, dusky, red spot, nearly as large as half a pepper-corn, and from the centre of each sprang a hair. I touched one of the granulations of the old sore with a slip of glass, and received upon it a perfectly colourless drop of lymph (?) On examining it by the microscope I found multitudes of red cells mingled with colourless ones. These red cells were not exactly like those freshly taken from a blood vessel, they appeared more shrivelled, and had somewhat altered their form, probably from exposure to the air at the surface of the granulation.

I now punctured one of the dark dusky spots, in the centre of which was a hair follicle, and I found multitudes of colourless cells, isolated molecules, and very soon copious fibrinous fibres made their appearance, mingled with the cohering red cells.

* With regard to the mucous globules in saliva, I beg to remark, that although, I have elsewhere said that there are no *conspicuous* nuclei or discs to be seen in those exhibiting the active molecules in their interior; I wish the expression to be limited to the word *conspicuous*, for a darker interior oval spot is almost always visible, with the high power necessary to show the motion, and this spot, very much resembles the nucleus, seen in the epithelial scales.

CASE VIII.

MUCO-PURULENT DISCHARGE FROM THE GENITALS.

A little girl, aged three years, was brought to me with a white muco-purulent discharge. A little of the matter was removed on the blade of a scalpel, it was mingled with a drop of water, and examined by the microscope, with a linear power of 900 diameters. I found a multitude of cells, of the appearances of which, the figures are correct representations; in the interior of all these cells the molecules were in the most active motion. I saw some of them burst, or open, and discharge the molecules; and the fluid altogether swarmed with isolated and very actively moving molecules. Some of these motions, particularly as seen in the myriads of isolated molecules, certainly may be nothing more than those seen by microscopical observers in inorganic particles; but there are others to be seen by care and attention which must be something more.

CASE IX.

CHANCRE ON THE PENIS.

Objects and motions in all respects analogous and similar to the last case.

CASE X.

PURULENT ERUPTION FROM TARTAR EMETIC OINTMENT.

Objects, &c., in the white matter, precisely the same in every respect as before.

EXPERIMENTS.

Experiment 1.—A few muscular fibres of raw beef that had been exposed for two or three days to the air, but were perfectly fresh, were placed in a watch-glass, with a few drops of pure pump water. The glass was placed in a saucer, and water poured into the saucer; an inverted tumbler was then placed over the watch-glass, so that the water in the saucer excluded the outer air. The whole was placed on a warm mantel shelf, over the fire. In twelve hours the fluid swarmed with living forms, darting and moving about with great energy in all directions, the generality of them not being larger than some of the minute molecules seen moving in the interior of the mucous cells, or independently in saliva.

Experiment 2.—A few muscular fibres were cut out from the interior of a fresh leg of veal, so that they were not exposed to the air longer than the time taken to place them in the same circumstances, as in the former experiment. In two days the fluid was clouded, and somewhat milky, from the presence of myriads of living forms, the same as those seen in the former instance.

Experiment 3.—A new stoppered bottle that had never been used, was filled at the butchers with blood flowing from a dying sheep, and immediately stoppered. At the expiration of two hours, a little serum, coloured red, with red cells, was placed in the same circumstances as in the experiments 1 and 2. In eighteen hours the fluid was found filled with minute molecules, and with little masses of aggregated molecules, not in motion; none of which were to be seen in the fluid when it was placed in the watch-glass. In forty-eight hours more the fluid was filled with living forms, similar in size, movement, and appearance, to those seen in the former instances.

Experiment 4.—The buffy coat of blood taken from a man with pleurisy, was macerated for three days in pure pump water; the water was changed frequently. At the end of that period it had acquired a slightly tainted smell. A little whitish looking fluid was scraped off with the blade of a scalpel, and myriads of active forms were found in it; the major part of them being of the same size as the molecules found in the interior of the mucous cells, or in pus, or in saliva.

Now do these minute and active forms, (which have motions quite different and very distinct from the movements of Brown's molecules,) originate from the molecules of the tissues setting up a series of resuscitated vital actions on their own account; or do they originate from extraneous germs or ova in the air? The question is too important in a practical view to be hastily or inconsiderately answered. My own observations incline me to the first solution.

DESCRIPTION OF THE PLATE.

The three upper figures show the usual forms of the mucous cells in saliva, (magnified 1000 diameters linear,) and also of numerous cells in pus, the interior molecules being in active motion.

The three lower figures show the changes these cells experience during or after the discharge of some of their contained molecules.

The minute and isolated dark points are intended to show the relative dimensions of the isolated moving molecules in the saliva.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 5, 1844.

It is with much regret that we have to direct attention to a document to which we have been requested to give insertion in our columns. After the announcement which appeared in the London Medical Gazette, of the 17th of May, and which, bearing, as it seemed to us, all the characters of an official, or at least an authorized statement, was immediately copied into this Journal; we have experienced not only regret, but disappointment, that the Council of the College of Surgeons should have put forth such a document. It is perfectly true that they owed to the Members of the College an explanation of the motives by which they were guided in the first exercise of the power of selection for the Fellowship intrusted to them; and though this explanation is far from satisfactory, though the principles of selection which they adopted are distasteful to the majority of the Members of the College, unequal in their operation, and necessarily leading to much injustice to very many eminent and accomplished surgeons, had any disposition been shown to exercise the additional powers which they possess in a more liberal and equitable manner, the first error in judgment would have been, we doubt not, passed over,

in consideration of the difficult position in which they were placed, from the limited number of those on whom they could then confer the Fellowship. But when we find the Council avowing their intention of persisting in the same invidious course on this second occasion, when no such restriction is placed upon them, we can only lament over their blindness and infatuation, and apply to them the old but pithy proverb:—"Quem Deus vult perdere prius dementat."

We have no design of going through the statement. Our opinion has been so recently expressed on the subject, as to render it unnecessary, and it is scarcely needful for us to avow that the weak and every way unsatisfactory specimen of special pleading before us, is not calculated to change that opinion. We cannot however but agree with the Council in the concluding paragraph of their statement, "that no alteration in the Charter, nor any legislative enactment, can materially change the condition of those who have been for some time established in practice;" and that "in the medical profession each individual makes his own place in society; intellect, knowledge, and integrity, being equally appreciated and respected in every grade and station." It is precisely for these reasons that, in conferring the elective franchise on the members of the College, any other distinction, where all were before equal, than that which seniority of standing confers, was as uncalled for as it is unjust. The consolatory reflection addressed to the excluded that, "if the elder class of practitioners are interested in these changes, it is less on their own account, than on that of their sons and successors," is so equivocally expressed as almost to convey an insult, although we cannot for one moment suppose that such was intended.

CASE OF LOCAL PARALYSIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Dr. Buel's account of the nature and treatment of the "drop-hand," given in your Journal of this day, influences me in troubling you with a short description of a similar case which came under my care in the hospital at this place. A woman, aged 34, who was nursing her child, and in perfect health, awoke one morning in February with complete paralysis of all the muscles arising below the elbow joint. In this state she was admitted into the hospital the end of March: her bowels were then, and had been quite regular; all the functions were properly and healthily performed and there was not the *slightest* ground for supposing that she had been exposed to the effects of lead.

I ordered her to place the arm up to the shoulder in a hot air bath, as hot as she could bear it, every day, for three weeks; at the end of that time she left the hospital with the full use of the arm, and the sensa-

tions completely restored. The only medicine which she took, was a daily dose of the saline chalybeate water. I should venture to recommend a trial of this plan of treatment, which possesses the advantage of being less painful and inconvenient than the application of moxas.

I scarcely know whether I ought to occupy your time and space with so comparatively insignificant a case; which I certainly should not have done, had it not been brought to my recollection by Dr. Buel's narrative.

I have the honour to be, Sir,

Your faithful servant,

GEORGE KENNION, M.D.

Harrogate, May 22, 1844.

STATEMENT RELATING TO THE CHARTER LATELY GRANTED BY HER MAJESTY TO THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Council of the Royal College of Surgeons of England feel that the time is arrived when it is proper for them to offer some observations, in explanation of the principal changes which the Charter, lately granted by her Majesty, has occasioned in the constitution of the College, and on the ultimate effect which these changes may be expected to produce in the condition of the Surgical profession. They avail themselves of the opportunity thus afforded to state the principles on which they have hitherto acted, and those on which they propose to act hereafter in the exercise of the new duties which this Charter has imposed upon them.

The Bye-laws which may hereafter be made for the government of the College will not be valid until approved of by the Crown.

The Members of the Council will be elected, not for life, but for a limited term of years.

When vacancies occur in the Council they will be supplied, not by the Council, but by the new body of Fellows, who will elect the new Members from among themselves.

Fellows of the College, who are not Members of the Council, will be equally eligible to the Court of Examiners with those who are; and future Examiners will hold their office only during the pleasure of the Council.

One object of her Majesty's Advisers, in establishing the Class of Fellows, was to create a sufficient Constituency for the election of the Council. The same end might have been attained by simpler means, such as giving the franchise to members of a certain standing in the College; but another and expressly avowed purpose was to promote a spirit of emulation among Surgeons, to afford additional inducements to exertion in the cultivation of science, and thus to increase the utility and elevate the character of the Surgical profession. After the expiration of one year from the date of the Charter, no one will be admitted into the rank of Fellows, until he has undergone a strict and lengthened examination, not only in practical surgery, but also in the collateral sciences. They who aspire to become Fellows, without having been previously Members of the College, will be required to have gone

through an extended course of professional study in Hospitals and Schools, and to be at least twenty-five years of age. But the Fellowship will not be limited to Candidates of this description; and they who, not having had the same advantages of education, have been admitted as members at twenty-one years of age, may, after having been engaged in Practice for a certain number of years, represent to the Council that they have continued to study their profession as a science, and claim on these grounds to be examined for the Fellowship. Thus any individual, however limited his means of improvement may have been in early life, may raise himself by his own industry and talents to the same rank in the College with those who were in the first instance more fortunately situated. No one who desires to attain the Fellowship can complain that it is not within his reach, or that he is prevented from becoming an Elector, or a Member of the Council, or of the Court of Examiners.

Candidates for the Fellowship at twenty-five years of age, will have had the opportunity of obtaining a liberal general education, previously to entering on the studies peculiar to their profession; and it is reasonable to expect that the example of such well-educated persons will influence those, whose preliminary education has been imperfect, to supply the deficiency by devoting to the acquirement of various knowledge and the general cultivation of the mind a portion of the leisure which falls to the lot of every young practitioner.

The course to be pursued in the future admission of Fellows is sufficiently obvious; but the new Charter imposed upon the Council another task of much greater difficulty, that of selecting, from among the many thousand Members of the College, a limited number of individuals to be nominated as Fellows in the first instance, so as to form an immediate constituency for the future election of Members of the Council.

The following provisions of the Charter, on this subject, give to the Council the absolute power of nomination, without conferring on any description of Members the right to be so nominated.

"The Council of the said College, with all convenient speed after the date of these Our Letters Patent, and before the expiration of three calendar months from the date hereof, and in such manner as the said Council shall deem best, shall elect to be Fellows of the said College any such number of persons, being Members of the said College, and not being in the whole less than 250 nor more than 300, as the said Council shall think proper."

"It shall also be lawful for the Council of the said College, at any time or times, after the expiration of the said three calendar months, and before the expiration of one year from the date hereof, by diploma or diplomas under the seal of the said College, and in such form as the said Council shall think fit, and without any fee, to appoint any other person or persons, being a Member or Members of the said College, to be a Fellow or Fellows of the said Royal College of Surgeons of England."

When these passages of the Charter are considered in reference to each other, and in combination with the circumstances that the nomination of Fellows by the Council is only a temporary expedient, designed to provide, in the first instance, that Constituency which

will be supplied hereafter by Fellows admitted on examination, it will be obvious that the framers of the Charter did not intend that the Fellows to be thus nominated should greatly exceed the number of three hundred.

The Council entered on the duty assigned to them by these provisions of the Charter with a full sense of its invidious nature. They were aware that of those, not included in the list of Fellows, a considerable number would feel and express dissatisfaction. But they have done what was required of them to the best of their ability, and have made the selection altogether on public grounds, without favour or prejudice, and uninfluenced by private motives. The following statement will sufficiently explain the principles on which they have acted.

The great majority of the Members of this College are less engaged in the practice of Surgery than in that of Medicine, Midwifery, and Pharmacy, and many of them have arrived at well-deserved eminence in these latter departments of the Medical profession. But the Council, keeping in view the objects for which the College was especially established, have felt it their duty, in the nomination of Fellows, to regard chiefly the qualifications of Members as practitioners in Surgery, or as improvers of those sciences which tend to its advancement.

1. In accordance with this principle, they placed in the list of Fellows the Surgeons of all the Hospitals in England and Wales which are recognised by them as schools of Surgery; and they did so under the conviction that the Surgeons of large Hospitals have the best opportunity of experience in Surgery, and that they are the persons principally consulted in private practice, and referred to by other practitioners, in surgical cases.

2. But they were aware that in several parts of the kingdom there are Members of the College having considerable reputation as Surgeons, and called into consultation in surgical cases by the practitioners in their neighbourhood, although they have no connexion with Hospitals; and the Council thought it right to place the most eminent of such persons on the list of Fellows. In executing this part of their duties great circumspection was required, lest improper names should be inserted and proper ones omitted. In this respect the list is incomplete, there being individuals of this class whose claims are still under consideration.

3. Not being well acquainted with the qualifications of Military and Naval Surgeons, and being at the same time desirous of doing justice to them, the Council applied for assistance to the heads of their respective departments; and many of the names included in the schedule of Fellows are the result of this application.

4. There are in London several practitioners in Surgery, who, though not connected with Hospitals, were considered eligible to the Council under the former Charter and according to former usages, and the Council therefore thought that they ought to be admitted to the Fellowship. Many of these gentlemen are well known and much esteemed by the profession; and the question was, not whether they should be elevated to a new position, but whether they should be displaced from one which they had previously occupied.

5. Some individuals have been placed on the list of

Fellows from having distinguished themselves in cultivating the kindred sciences of Anatomy, Physiology and Natural History. The Council cannot but regard such persons as ornaments of the College, and it will be gratifying to them to find others of the same class who may be added to the list.

6. Other names have been inserted for special reasons, being principally those of Teachers who had been recognised by former acts of the Council, or of persons holding important public offices. Among the latter are four Senators of the University of London.

The Council are empowered to nominate an additional number of Fellows before the expiration of the first year from the date of the Charter. This will enable them to supply the deficiencies of the former list, in anticipation of which it is evident that this clause was introduced. In the future nomination of Fellows, the Council see no reason why they should depart from the general principles on which they have hitherto acted; though they will make it their object to omit the name of no individual who is held in esteem by the other Members of the College for his surgical experience and scientific attainments. For those who are not yet so distinguished, there is an honourable method of obtaining the Fellowship by examination.

In conclusion, the Council take the liberty of observing, that no alteration in the Charter, nor any legislative enactment, can materially change the condition of those who have been for some time established in practice. In the Medical profession each individual makes his own place in society; intellect, knowledge and integrity being equally appreciated and respected in every grade and station. If the changes introduced by the present Charter are to have the effect of elevating the character of the Surgical profession generally, it will be in the next rather than in the present generation; and if the elder practitioners are interested in these changes, it is less on their own account, than on that of their sons and successors.

By order of the Council,

EDMUND BELFOUR,

Secretary.

Lincoln's Inn Fields, May 25, 1844.

SURREY BENEVOLENT MEDICAL SOCIETY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

On behalf of the "Surrey Benevolent Medical Society," I have to request the favour of you to cause the following resolutions to be inserted in the next number of your Journal.

I have the honour to remain, Sir,

Your most obedient servant,

PETER MARTIN, Secretary.

Reigate, May 28, 1844.

The printed statement of the Society of Apothecaries, recently published, having been circulated for perusal among the members of this Society, and a copy thereof presented by the President to the half-yearly general meeting of the Surrey Benevolent

Medical Society, held at Epsom, on Monday the 27th instant:—

It was moved by Dr. Mayd, of Epsom, and seconded by Edward Westall, Esq., of Croydon, and resolved unanimously,

That the thanks of the Surrey Benevolent Medical Society be tendered to the Society of Apothecaries, for their very satisfactory statement.

That it is the opinion of this Society that the whole Medical Profession, but more especially the great body of General Practitioners, is deeply indebted to the Society of Apothecaries, for the able, upright, and efficient manner, in which it has carried out the objects, and enforced the provisions of the Act of 1815.

That under its administration of that Act, the education of the General Practitioner has been greatly improved, his moral and intellectual character elevated, his influence in society proportionally increased, and his respectability and dignified position more fully established in public estimation.

That Medical Science has advanced, and a vast increase of professional knowledge has resulted from its cautious, but steadily increased scale of requirement from candidates for the license, and its wise development of the power with which it was invested by that Act, and that incalculable benefits have resulted to the public from the honest and able manner in which the Society of Apothecaries has discharged the difficult and responsible duties imposed upon it by the legislature.

That the President do, on behalf of this Society, communicate this resolution to the Society of Apothecaries, with an assurance of warm participation in the grateful feelings which it is believed are generally entertained towards it by the great body of the Medical Profession.

STATEMENT OF THE SOCIETY OF APOTHECARIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

In the statement which the Society of Apothecaries have just published on the subject of their administration of the Act of 1815, there are two features which cannot be overlooked, namely, the great modesty with which they have drawn up their case, and the triumphant and convincing manner in which they have established their solid pretensions to the confidence of the general practitioners of the united kingdom.

Out of the mouths of their very enemies they have extorted reluctant praise—one strong proof of their undeniable merit, while the simple plain statement of their proceedings under the Act of 1815, up to the present time, furnishes a record of services, as yet too little appreciated by the public, but whose beneficial influence and moral effects have been in silent operation for nearly thirty years, and have raised the medical profession from a very equivocal, to a really high standard of respectability.

Could it, then, Sir, have been believed that a Secretary of State should undertake a plan of Medical Reform, and actually frame a Bill with such a purport, without once conferring with a body of men who had been for a quarter of a century the honest and upright, and now, the universally acknowledged able and

efficient executive of a Parliamentary enactment; which, through their means has conferred incalculable advantages on the public, and diffuse throughout the kingdom, and very far beyond its limits, all the blessings resulting from a vast increase of medical knowledge.

Yet, Sir, such is the fact; our Home Secretary has not condescended to ask a question, much more, advice, from any individual of that respectable body, but has presumed to enter upon this most important and difficult undertaking in, apparently, happy ignorance of its existence; or, in case of denial as to the latter charge, he has offered to the great body of the profession a most unjustifiable and deliberate insult, in this supercilious indifference to the present regulations for general medical education.

Former experience of the medical operations of Sir James Graham, has no tendency to inspire us with confidence, either in his wisdom or good intentions. We have only to look back upon his very recent transactions, with regard to the College Charter, to feel suspicious of any interference threatened by him. And it now behoves the general practitioner to be on the alert, and prepare himself for strenuous resistance should his present or future interests, his respectability and standing in society, be increased or endangered by the new project.

There must be no hesitation, no reluctance to come forward; there must be a combined force to show irresistible strength, and a sincere and zealous co-operation to defeat jobbery, and to secure a genuine medical reform.

The general practitioner must not entrust his interests to the hands of others; he must not allow any other grade to interfere in his education, or acknowledge any power to control his practice that does not emanate from members of his own rank. He must admit of no superiority in, or dictation from, or amalgamation with, any other body of men, claiming exclusive and separate privileges from himself.

In short, he will not only compromise, but swamp his present respectability, by allowing his qualifications to be tested by examination in any Court which does not consist of properly qualified general practitioners.

But, it may be asked, under whose banner should the general practitioner contend? Had I ever any doubts of the principles which swayed the Society of Apothecaries, or the zeal or integrity with which they enforced to their utmost power, the provisions of their Act of 1815, their late publication would have effectually removed them. And I now appeal to my brother practitioners, whether they can do better than at once cordially unite with that respectable body, so long and so fully tried; and from their chartered position, and recognized authority, so capable of taking the lead, and requiring nothing but powerful co-operation to ensure success. As the Home Secretary is shortly to favour us with his plan, we have no time to lose; we must be up and stirring, and prepare for action; and I hope, Sir, that you will not only sanction this appeal with your approbation, but add to it your own powerful influence, to render it effectual.

I remain, Sir, your humble servant,

ALFRED HARDWICKE, M.D.,

A Retired General Practitioner.

Kensington, May 25, 1844.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SHEFFIELD MEDICAL SOCIETY.

Summary of the Scientific Transactions of the Session beginning October 5, 1843, and ending April 18, 1844. By J. LAW, Esq., Member of the Faculty of Physicians, Glasgow.

This night terminates the third Session of the Sheffield Medical Society, and imposes on the members the task of listening to an address, from which probably will be derived but little gratification, and no useful instruction. The hearers, having been pretty diligent in their attendance, are well acquainted with the details now to be reviewed; and the reader, unable to invest familiar objects with the attractions of novelty, is apprehensive that his retrospect will be received—

“Like a thrice told tale,
Vexing the dull ear of a drowsy man.”

Those, however, who expect only a fair and impartial epitome of the Society's transactions, will not be disappointed; but all will perceive the absence of those practical commentaries and learned criticisms, which, judiciously introduced, give value to documents of this description.

On taking a general glance at the whole of the transactions of the past Session, it appears that several cases, replete with pathological interest, have been orally detailed; and that the papers, short, practical, varied, and instructive, have been read, except in four instances, according to the announcements in the printed circulars. In the first of these, Mr. Overend attended for the purpose of reading his paper, but was prevented from doing so by an urgent professional call; in the second instance, which occurred on the 28th of December, there were no transactions; in the third, Dr. Harwood was prevented from reading his communication; and in the last, Mr. Chesman. The indefatigable President compensated the Society for the first disappointment, by relating a rare case of abscess of the brain and liver. Mr. H. Jackson and Mr. Turton ably supplied the place of Dr. Harwood, the former gentleman giving some particulars of a case of fungus hæmatodes, and the latter the history of a case of phlegmasia dolens, unconnected either with parturition or abortion. As Mr. Smith and Mr. Chesman were fortunately engaged to read papers

on the same night, the inconvenience resulting from the absence of the one, was rendered almost inconsiderable by the judicious paper on strumous ophthalmia, of the other.

The polemical part of the Society's transactions for this Session is marked by good taste, and betrays no deficiency in interesting practical information.

Numerous and very interesting specimens of morbid anatomy have been shown to the members. During the last session, there were only three meetings at which some diseased part was not produced; and this Session, although it numbers five meetings at which none was exhibited, has yet the advantage, in this department, over its predecessor. For this fact, which forms a fair subject for congratulation, the President ought to be thanked. The frequent occurrence of his name in the classification prepared by the reader, will show the validity of his title to the Society's gratitude. Surely the opportunity here afforded to the members of studying morbid lesions, is incompatible with the faintest apprehension as to the permanence and stability of this institution. In this opportunity alone may be found ample remuneration for the trouble of attendance; and it ought to be a sufficient, even if it were the only inducement with the profession, to support the Society. Amenable to no authority but that of nature, morbid anatomy conducts the ingenuous inquirer, by the simple and intelligible route of induction, to the temple of unchanging truth.

The number of the members has undergone no diminution. In the last address they were stated at thirty-four; there are now thirty-five. In the midst of this prosperity, on which the reader takes the liberty of cordially congratulating his hearers, how happens it that the latter meetings of this session have not been very well attended? How is this circumstance to be explained? Surely it is attributable to the unavoidable engagements of the members, for it cannot be believed that the important advantages of Medical Societies are not still duly estimated in Sheffield; for without any laboured argument, these advantages are sufficiently obvious. An hour given to friendly professional conversation is more fruitful than two devoted either to reading or solitary reflection. Discussion

is the steel and opinion the flint. By their mutual action the precious light of truth is obtained and diffused. Discussion, that cares not for victory and aims only at improvement, is here intended. "Tot homines, tot sententiæ," is especially true with respect to medical subjects; but if truth have a real existence, then these contradictory views must in all cases be associated with error, another name for ignorance. It is wise, therefore, in the calm spirit of impartial philosophical inquiry, to compare these contradictory views together, and to weigh them in the accurate balance of reason and experience.

"Thoughts disentangle,
Passing o'er the lip."

The words are stale, but they forcibly declare a valuable sentiment, peculiarly applicable to the present subject. It might, indeed, without any sophistry, be contended that it is the duty of medical men to associate together for the advancement of their art. Man is bound by the laws of benevolence to do all the good in his power. Knowledge is the means by which the medical man does good. He ought, therefore, to obtain as much of it as he can; and to diffuse it as widely as possible. Now, Societies like this are admirably

adapted both for the attainment and diffusion of knowledge; they are entitled to the approbation of all, and they will ever be sustained by the enlightened influence of the wise and good.

A hint which proceeded from a gentleman present, is perhaps worthy of some consideration. Would there be any advantage in instituting a Christmas recess of one month, and continuing the session to May inclusive, so as to have fifteen meetings as at present? On this question the reader does not offer an opinion. The rules were formed after mature deliberation, and should not be hastily altered. It will be found easier to make new than better laws.

A nearer view of the past session must now be taken. The papers, cases, diseased parts, books, and instruments, brought before the Society at the last thirteen meetings, are arranged in seven classes. Each paper, &c., is numbered, and the name of the contributor, with the date and page, is attached. It is unnecessary to say anything in defence of this classification. It is adopted for convenience, it makes reference easy, and constitutes, indeed, a very condensed abstract of the whole proceedings. It required more labour than skill to construct it; but if it be acceptable to the Society, the labourer will not then be without his hire.

**CLASSIFICATION OF THE PAPERS, CASES, DISEASED PARTS, BOOKS, INSTRUMENTS, &c.,
BROUGHT BEFORE THE SHEFFIELD MEDICAL SOCIETY DURING THE THIRD SESSION,
BEGINNING OCTOBER 5th, 1843, AND ENDING APRIL 18th, 1844.**

No.	CLASS I.—SURGERY.	Reader, Contributor, or Exhibitor.	Date.	Page
1	A spiral spring truss, invented by a non-medical person	Mr. Thomas	Nov. 2	205
2	A paper on the influence of local injuries in the early periods of life	" "	" 16	214
3	The condyles of the ossa femorum, cartilages thinned and indu- rated, not ulcerated	Mr. Porter	" 30	219
4	Paper on the effects of digitalis, as a local application	Mr. H. Jackson	" "	227
5	Uterus and perforated bladder	Dr. Shearman	Dec. 14	234
6	A scirrhus testis extirpated	Mr. Overend	" "	235
7	A paper on scirrhus of the breast	" "	" "	236
8	A case of fungus hæmatodes	Mr. H. Jackson	Jan. 11	242
9	A paper on fracture of the skull	Mr. Jeeves	" 25	252
10	A paper on strumous ophthalmia	Mr. H. Smith	April 21	286
CLASS II.—RESPIRATORY SYSTEM.				
11	Four specimens of grinders' lungs, upper lobes condensed, bron- chial glands enlarged, pulmonary tissue and bronchial mucous membrane congested	Dr. Favell	Oct. 19	196
12	Portions of the lungs and some bronchial glands of a stone- mason, resembling the condition of those parts in Grinders' Asthma	" "	" "	196
13	A drawing, by Dr. Branson, of lung affected with pulmonary apoplexia. The patient was a fork-grinder	" "	" "	197
14	A portion of lung of a scissor-grinder, studded with currant- like bodies	" "	Nov. 16	213
15	A portion of lung of a shoe-maker, presenting the colour and condensation frequently seen in Grinders' Asthma	Mr. Law	" "	213
16	A portion of lung of a spring-knife cutler, presenting the hard- ness and dark colour frequently seen in Grinders' Asthma	Mr. Porter	Nov. 30	219
17	A portion of lung of a collier, studded with dark bodies	Dr. Branson	Jan. 25	249

No.	CLASS III.—CIRCULATORY SYSTEM.	Reader, Contributor, or Exhibitor.	Date.	Page
18	A heart: Scirrhus of the mitral valve	Mr. Wilkinson	Oct. 19	197
19	A heart: Dilatation of both auricles, obstructive disease of the mitral opening, dilatation of the aorta, and obstructive disease of the aortic orifice	Dr. Shearman	Nov. 2	206
20	A heart: Pericardium adherent, fatty deposit, hypertrophy, thickening of the mitral valve	Dr. Favell	" 16	211
21	A heart and aortic arch: Hypertrophy, disease of one segment of the aortic valve, deposition probably atheromatous, but partly calcareous in the aorta, which measured $6\frac{1}{2}$ inches in circumference	" "	" "	213
22	A heart: Right auriculo-ventricular opening, 6 inches in circumference; the under portion of the tricuspid valve tied down by a contraction of the chordæ tendinæ; right auricle much dilated	" "	Dec. 14	234
23	A heart: Weight 24 oz. 2 dr.; walls of both ventricles thickened, right auricle much dilated, as was also the right auriculo-ventricular opening	Dr. Shearman	Jan. 25	248
24	A heart: Aortic and mitral valves diseased; left ventricle dilated	Mr. Porter	March 7	266
25	A heart: Weight 21 oz.; walls of left ventricle one inch in thickness; right auriculo-ventricular opening large; steatomatous deposit on the aortic mitral valves; aortic valves shortened, thickened, and indurated	Dr. Favell	" "	266
26	A heart: Milky appearance on the right side, externally; small quantity of effusion in the pericardium; mitral valve fringed, in its recent state, with vegetations, which have disappeared since the organ was put in spirit; perfect patency of the foramen ovale	" "	" "	267
27	A case of phlegmasia dolens, unconnected either with parturition or abortion	Mr. Turton	Jan. 11	243
CLASS IV.—DIGESTIVE SYSTEM.				
28	Portion of the ileum; mucous membrane ulcerated	Dr. Branson	Nov. 16	214
29	Portion of liver in a state of cirrhosis	Mr. Law	Dec. 14	235
30	A paper on excessive loading of the bowels with fecal matter, resulting in death	Dr. Harwood	Feb. 8	256
31	A liver; left lobe torn from the right by external violence	Mr. H. Jackson	March 7	271
CLASS V.—CEREBRO-SPINAL SYSTEM.				
32	A fungous growth, attached to the arachnoid and under surface of the dura mater, measuring three inches by one	Dr. Favell	Oct. 19	196
33	A paper on certain affections depending on abnormal conditions of the nervous centres	" "	" "	198
34	A case of abscess of the left hemisphere of the brain, with numerous abscesses of the liver and disease of the vena portæ and mesenteric veins	" "	Nov. 2	207
35	A case of inflammation of the meninges of the medulla spinalis, extending to the coverings of the brain	" "	Feb. 22	262
36	A paper on a case of paralysis depending on intestinal worms	Dr. Holland	April 4	291
CLASS VI.—GENITO-URINARY SYSTEM.				
37	A girl, 8 years of age, who had menstruated regularly ever since about the completion of her sixth year, introduced to the Society	Mr. Carr	Nov. 16	211
38	A very large kidney	Mr. Law	Dec. 14	235
39	Instrument for applying caustic in spermatorrhœa	Mr. H. Jackson	Jan. 11	241
40	Two kidneys; weight 1 lb. 4 oz. 2 dr.	Dr. Favell	" 25	249
41	Dropsical ovarian cyst	" "	" "	259
42	Remarks on the uses of the lever	Mr. Turton	Feb. 22	264
43	Two kidneys; in the right one, abscess of the tubular portion, communicating with the infundibula; in the left one, tubercles of the cortical structure	Mr. Porter	April 4	290
CLASS VII.—MISCELLANEOUS SUBJECTS.				
44	Two vols. of Galen in the original Greek, once the property of the celebrated Rabelais and now of the Sheffield Infirmary	Mr. H. Jackson	Oct. 19	197
45	Dr. W. H. Cullen's tables of the climate of Sidmouth, given to the Society by the author	Dr. Favell	Nov. 2	205
46	Nouveau Recueil d'Osteologie et Myologie	Dr. Shearman	" 30	219
47	A Paper on the connection between spasmodic asthma and gout	Dr. Branson	" "	220

CLASS VII. CONTINUED.		Reader, Contributor, or Exhibitor.	Date.	Page
No.				
48	A case of suicide by hanging	Dr. Shearman	Nov. 30	229
49	Willis' Illustrations of Cutaneous Diseases	Mr. Turton	Jan. 11	241
50	A paper on arsenic as a poison, its tests and antidote	Dr. Shearman	March 7	272
51	Drawings, by the exhibitor, of two distinct affections of the skin, existing at the same time, in the same individual, one resembling the "Lepra centrifuga," and the other the "Psoriasis annulata" of Rayer, as these diseases are delineated in his "Traité des Maladies de la Peau"	Dr. Branson	April 4	290

The papers, &c., here classified, are 51 in number. Many of them, it is obvious, must be barely mentioned. Brevity shall apologise for the defects of this resumé, in the composition of which, it has never been forgotten, that *melius est paucissimas res utiliter scribere, quam effutire multa inutilia.*

CLASS I.—SURGERY.

No. 1 is sufficiently noticed in the classification.

No. 2, Mr. Thomas' paper "on the influence of local injuries in the early periods of life," contained the details of three cases: a compound fracture of the skull of a boy eight years of age; a punctured wound of the knee-joint of a boy eleven years of age; and a compound fracture of the tibia and fibula of a girl 14 years of age. To these, in the course of the discussion, were added, by Mr. Boulton, two cases of compound fracture of the skull, in boys, with exposure of the brain and depression in both, and in one of them considerable loss of cerebral substance, a portion of bone being driven into the brain so as to render the trephine necessary. In all these cases the patients recovered. Mr. Thomas observed, in the way of hypothesis, that, as two diseased actions cannot proceed at once; so, in early life, when the vital powers are employed primarily and principally in building up the body, there was, perhaps, less opportunity for diseased action, than in adult age, when the processes of waste and reparation are balanced. An hypothesis is of course, in its very nature, in some measure, or altogether, gratuitous. The dictum, that two diseases cannot exist at once, in the same subject, is opposed to the experience of all practical men. It is possible that the opportunity for diseased action is less in early life than in adult life, though the diseases of young people are sufficiently numerous; but the facility with which they resist the consequences of local injuries, is perhaps directly attributable to the great reparative power of the system peculiar to this period; this reparative power being the active agent in the cure. Dr. Holland thought that the hypothesis of Mr. Thomas was strengthened by reference to the false membrane of croup; but the president was of opinion that the false membranes of enteritis and bronchitis were, in many instances, as well organised as that of croup.

No. 3: The condyles of the ossa femorum of a woman who died of low fever. She had been sub-

ject to rheumatism, and had contraction of the knee joints. The cartilages were exceedingly thin, in some places perfectly hard, but no where ulcerated.

No. 4: Mr. H. Jackson's paper "on the remedial effects of digitalis, as a local remedy." The medical history of the plant and much curious information, interesting only in a literary point of view, were comprised in this communication. On the present occasion the attention will be confined to the practical portion of it. It appears that Mr. H. Jackson has been in the habit, from the commencement of his professional life, of applying digitalis, in the form of a liniment made with the powdered leaves and honey, 1st, to scrofulous ulcers generally, where the bones are not affected; 2ndly, to those ulcerations about the joints, in which the bones are frequently implicated; and 3rdly, to scrofulous sores, directly depending on disease of bone. When there is an excess of inflammatory action, digitalis acts partly as a sedative and partly on the capillaries, improving the character of the discharge, and substituting pus for glairy mucus. The late Dr. Younge and the late Mr. Jackson of this town, induced the author of the paper to use this remedy. The writings of Dr. H. Holland, Dr. Withering, Parkinson, and Brande were referred to, for the purpose of showing that the properties of digitalis are not generally known. In the discussion, Mr. Turton observed that he had found digitalis useful in subduing the inflammation of ulcers depending on debility; that Dr. Younge obtained his information from Dr. Aikin, and that the botanical writings of Churchill contained a great deal of information on this subject. Mr. Thomas said that in disease of the spongy bones, digitalis was useful, but only in allaying inflammatory action; and that, according to his experience, an ointment was as efficacious as a liniment made with honey.

No. 5: Uterus and bladder. The latter was perforated instead of the child's head, in 1839. The patient died during labour, in December last, having been once safely delivered in the interim, between these dates. The antero-posterior diameter of the pelvis measured two inches and a half.

No. 6, the scirrhus testis, was produced by external violence, a blow on the pommel of a saddle fifteen years ago. Mental anxiety produced a sudden aggravation of the disease, and an opera-

tion became necessary. The patient was about 52 years of age.

No. 7. Mr. Overend, in his paper on scirrhus of the breast, stated that he had operated in about 50 cases of this disease; and although all the patients had recovered from the operation, yet he could count only two perfect recoveries from the disease. In one of the cases operated on, there were scirrhous tubercles of the lungs and other internal organs: in another, death resulted from a blister, which, being applied to the chest, produced scirrhous ulcer; and others were seized with scirrhous rheumatism. Women, under 38 years of age, observed Mr. Overend, rarely suffer from this disease. It was his conviction, that when there was any cough, the least unhealthy uterine discharge, or any derangement of the kidneys, the removal of a scirrhous breast was unadvisable.

No. 8. As the interest of Mr. Jackson's case of fungus hæmatodes depended much on the drawings, by Dr. Branson, with which it was illustrated, it need not be fully noticed in this place. The patient, a collier, 50 years of age, detected a swelling in the right groin, about two years ago. When first seen by Mr. Jackson, the tumour was large and occupied the superior third of the thigh. It was moveable and lobulated. There was no great enlargement of the inguinal glands, but on pressing the fingers firmly on the abdomen, the internal glands were found to be enlarged. He was in the infirmary three months, from October to January last. The tumour increased, but was nearly stationary for a considerable portion of this time. Once there was slight hæmorrhage from the fungus, but it was never necessary to use styptics. He had œdema of the legs and bronchitis. These symptoms were much relieved. No treatment had any effect whatever on the tumour. He worked at his trade until a day or two before he came to the Infirmary. About a week before the tumour in the groin was detected, he felt a pain in this situation, whilst lifting a stone.

No. 9. In this paper, Mr. Jeeves detailed an extraordinary case of fracture of the skull, in which the patient, a boy, seven years of age, recovered under very simple treatment, without any operation. On the left side of the head, the fracture occupied the parietal and frontal bones. The brain, covered only by the arachnoid and pia mater, was visible to the extent of four inches. There was no loss of cerebral substance. The superior fractured edge was considerably elevated; the inferior somewhat depressed. On the right side the fracture occupied the temporal bone, and was unattended by depression. There was very profuse hæmorrhage; no symptoms of compression. The views of Sir A. Cooper and Mr. Guthrie, who disapprove of an operation in this absence of symptoms, were discussed. Mr. Thomas thought that, but for the hæmorrhage, which had proceeded as far as was consistent with life, the treatment

which had been adopted in this case would have been questionable.

No. 10: Mr. Harmer Smith's paper on strumous ophthalmia. In this communication, the views of Mr. Lawrence; Mackenzie; Guthrie; Dr. Littell; Mr. Tyrrell; Wormald, and Dr. Hocken were considered. The paper was of a practical character and established the position with which it set out—viz., that in some cases of this disease, the diagnosis is attended with difficulty.

CLASS II.—RESPIRATORY SYSTEM.

This class is entirely composed of specimens of diseased lungs. Nos. 11, 13, and 14, are from grinders; No. 12 is from a stone-mason; 15, from a shoe-maker; 16, from a spring-knife cutler; and 17, from a collier. These are brought forward because they present resemblances to states frequently seen in grinders' asthma; but it appears difficult to point out any structural lesion which is peculiar to this disease. The changes which it produces in the chest, so far as they have been observed, are found in artisans whose occupations bear no resemblance to that of the grinder. These changes consist generally—1st, in condensation, congestion, induration, and dark discoloration of the pulmonary tissue, which is frequently studded with dark currant-like bodies. These morbid conditions exist chiefly in the upper lobes, and are frequently confined to this situation. 2nd. In congestion of the bronchial mucous membrane. 3rd. In enlargement, condensation, and dark discoloration of the bronchial glands.

The patient, who had pulmonary apoplexy, was a fork grinder, and had well-marked pulmonary phthisis. Extensive disease of the ankle-joint was the immediate cause of his death.

The disease of grinders possesses no pathognomonic symptom; and as the physical signs consist chiefly in dulness on percussion, and in the substitution of the bronchial for the vesicular respiration, it is obvious that the disease must rather be inferred from the general history of the case, than positively ascertained by the examination of symptoms. Its uniformly chronic character, when not complicated with phthisis, and the trifling deterioration of the general health, which in many cases accompany it, ought to be remembered.

The following passage from Dr. Darwall, clearly shows that he had no practical knowledge of the subject on which he wrote:—

“The diseases to which these workmen are subjected,” meaning sawyers, millers, starch-makers, flax-dressers, weavers, grinders, and many others, “are entirely such as affect the air passages; indeed, we might say, the disease, there being scarcely any other than that to which the accuracy of modern pathologists, has given the name of chronic bronchitis.”

A glance at the second class of the arrangement, will show that chronic bronchitis and the grinder's rot, or asthma, are not one disease.

CLASS III.—CIRCULATORY SYSTEM.

The nine hearts arranged in this class present, five instances of disease of the mitral valve, in one of which it was affected with scirrhus; one instance of disease of the tricuspid valve, or rather of the chordæ tendinæ, by a contraction of which the lower segment of the valve was tied down; one of obstructive disease at the mitral opening; one of dilatation of the left ventricle; three of dilatation of the right auricle, and one of the left; four of disease of the aortic valves; two of dilatation of the aorta; one of atheromatous and calcareous deposit within the aorta; one of obstructive disease at the aortic orifice; one of adherent pericardium; three of enlargement of the right ariculo-ventricular opening; one of a milky appearance on the external surface of the heart, without any adhesion of the pericardium; four of hypertrophy, in one instance, the organ weighing 24oz. 2dr., and in another, 21oz.; and lastly, one instance of perfect patency of the foramen ovale.

The subject of the last-named abnormal condition, a girl 14 years of age, had laboured under pericarditis, associated with chorea. She recovered from the pericarditis, and died of the chorea, which had supervened on the pericarditis. Dr. Favell observed, that this case afforded a refutation of the doctrine of Dr. Watson and others; that the cessation of the friction sound of pericarditis proves that adhesion has occurred as a consequence of the effusion of solid lymph. There was no adhesion of the pericardium. With respect to the patency of the foramen ovale, it is worthy of remark that the girl had a clear florid complexion, and was perfectly free from every appearance of cyanosis or morbus cæruleus.

Mr. Turton's case of phlegmasia dolens, or crural phlebitis, was interesting as being unconnected either with parturition or abortion; the only instance of the kind which had occurred in his practice. In the discussion, Mr. Porter informed the Society that he had a patient labouring under phlegmasia dolens, produced four years ago in Paris, by constipation of two or three weeks continuance. The constipation was the result of a habit of retaining the fæces, into which she was led by want of suitable conveniences in that city.

Dr. Lee, in the *Cyclopædia of Practical Medicine*, treats of phlebitis as it is observed in puerperal women, in women who have not been pregnant, and in the male sex. He furnishes many instances of the disease under each of these heads. Dr. D. D. Davis, formerly of this town, first pointed out the true pathology of this disease in 1817. In 1823 he read an essay on the subject before the Medico-Chirurgical Society, which was published in the *Transactions of that body* for 1829, Vol. 15. M. Bouillaud has also the honour of having made the same discovery. Dr.

Marshall Hall and Mr. Higginbottom, in a paper published in the 13th volume of the *Transactions of the Medico-Chirurgical Society*, make an important distinction between adhesive and suppurative phlebitis; the latter being a very fatal disease, accompanied by external suppurative inflammation of the integuments or of the eye, internal abscesses, and formidable typhoid symptoms.

CLASS IV.—DIGESTIVE SYSTEM.

Here the reader will particularly mention only Dr. Harwood's paper on excessive loading of the bowels with fecal matter, resulting in death. The patient was a healthy looking married female, 19 years of age, habitually constive, and liable to enteritis, having been several times attacked by this disease. When she applied to Dr. Harwood, the bowels had not been moved for eight days.

In the treatment, black draught, castor and croton oil, gamboge, colocynth, jalap, and calomel; enemata of salt and gruel, afterwards of turpentine, and anodynes, were employed. Poulitices and fomentations were applied to the abdomen.

On examination after death, a large quantity of fecal matter was found in the colon and cæcum, the rectum and small intestines being empty. No intestinal perforation, but the duodenum presented patches of inflammation with slight ulceration. There was no contraction in any part of the intestinal tube. The colon measured three and a half inches in diameter. There was very little gas in the intestines, and none in the peritoneal cavity.

In the discussion elicited by this paper, Dr. Favell stated that he had seen ileus in a lady successfully treated by galvanism. When the battery had been in operation about three-quarters of an hour, the bowels were acted on. He further observed, that if the disease depended on spasm, or had continued for a great length of time with much pain, he would give a large dose of opium. Mr. Thomas had seen relief afforded by dashing half bucketfuls of cold water on the abdomen, the patient standing in a tub. Dr. Shearman was once called to a lady, 60 years of age, whom he found in great pain. For several years she had had very unsatisfactory motions, but had been harassed with a constant desire to be moved. Various medical opinions had been given. A bougie introduced into the rectum, passed readily six inches, and was then suddenly stopped. The hand was then introduced, and something like a child's head, which proved to be fecal matter, was felt. This was removed mechanically, and filled a wash-hand basin. The patient recovered. Dr. Shearman also observed that he had seen a pill, recommended by Dr. Abercrombie, and composed of one grain of Barbadoes aloes, and one of extract of henbane, successfully used in a case of inorganic disease of the heart, depending on fecal accumulation. Dr. Branson informed the Society that his father, the

late Mr. Branson, of Doncaster, supposing he had himself disease of the heart, consulted Dr. Warren, of London, who prescribed ten grains of calomel, and ten grains of scammony, with perfect success. He adverted also to a case of supposed hernia, in which his father recommended a copious injection, which brought away a quantity of feculent matter, and cured the patient.

CLASS V.—CEREBRO-SPINAL SYSTEM.

The paper, No. 32, by Dr. Favell, comprised the details of several cases:—1st, of pain in the abdomen; 2, of palpitation and dyspnoea; 3, dysuria, and 4 aphonia; 5, paralysis of the lower extremities; 6, paralysis of the hands and feet. All these affections were dependent on congestion or inflammation either of the spinal cord or its coverings. Dr. Kidley quoted Dr. Graves in support of the reader's views; and Mr. Chesman said he had seen several cases, which taught him, that where there is obstinate and long continued pain at the circumference, the attention should always be directed to the nervous centres.

Case, No. 33, merits a more lengthened notice than can be given to it.—Emma Longley, aged 19 years, previously healthy, began to lose flesh immediately after the death of her father in September last, an event by which she was much distressed. Afterwards she had severe pain, active hyperæmia of the bowels, and voided a tape worm. The symptoms improved, but returned, and she was bled and salivated. She was jaundiced for a few days. Bowels open; catamenia regular. In the right iliac region, and in the course of the medulla spinalis and on either side of it, there was pain on pressure; urine variable in quantity; no pain in the head; pulse 100, of good strength. Afterwards she had intermittent delirium, no pain in the bowels and a severe and constant pain in the head, which, she could cover with the thumb, near the anterior superior angle of the left parietal bone; pupils dilated and insensible, urine passed abundantly, but unconsciously. Finally, she was seized with stupor, the eye-lids were closed, and the mouth drawn downwards towards the right side. The fore-arm was strongly contracted. At this time the breathing and pulse were natural; no paralysis of the extremities.

She died on the 22nd October last, and the body was examined forty hours after death. An abscess communicating with the ventricle was found in the left hemisphere. The substance of the brain near the abscess, was soft and pulpy, in other situations both it and the cerebellum were healthy. The liver contained numerous small circumscribed abscesses, and near these the organ was greatly softened. The lining membrane of the vena portæ and superior and inferior mesenteric veins was thickened, and in the instance of the vena portæ, ulcerated. The vena portæ and the superior mesenteric vein contained pus; the inferior mesen-

teric vein contained dark coloured coagula. Other organs natural.

The secretion of healthy bile, in the diseased condition of the vena portæ, the absence of cerebral symptoms, until a few days before death, the paralysis of the eye-lids and the tonic contraction of the fore-arm, and the resemblance of the case to those in which death resulted from compound fracture, or a capital operation, formed interesting topics for discussion.

Dr. Favell suggested that the primary disease probably occupied the mesenteric veins; and he inquired whether the purulent matter in the brain was the result of slow disorganization, or deposited by the veins and absorbents after having been in the portal circulation. Andral holds that this is possible; Cruveilhier that it is not. Mr. Thomas was inclined to think, from the absence of a lining membrane in the abscess, that the disease existed primarily in the abdomen.

Case, No. 34, was attended with the characteristic symptoms, first of the spinal, and afterwards of the cerebral affection.

No. 35, was a well-marked case of complete paralysis depending on worms. At the conclusion of his paper, Dr. Holland remarked that he had seen dropsy in children, dependent on worms, and cured by a dose of calomel and jalap.

Dr. Favell said he had a patient 60 years of age, in whom worms were productive of the most distressing anomalous nervous symptoms. Mr. H. Jackson had seen incipient amaurosis produced in an adult by worms.

CLASS VI.—GENITO-URINARY SYSTEM.

No. 36. There was no precociousness either in the habits or physical developments of this child. The discharge had all the characteristics of the catamenial fluid. The child's health is good, and there is nothing in any way peculiar in her appearance.

Nos. 37, 39, 40, and 42, are sufficiently noticed in the classification.

No. 38. When Mr. H. Jackson exhibited the instrument for applying caustic in spermatorrhœa, he showed also a book printed at Rome, in 1642, in which the writer, Jo. Benedictus Linibaldus Leonipanus, recommends, as a cure for the same disease, that the patient be required to repeat certain poetical compositions of chaste tendency, immediately before going to sleep. Probably the verses would be as efficacious as the caustic.

No 41: Mr. Turton's remarks on the lever. This gentleman, having used the lever in several instances, after opening the head with the perforator, had found it a very convenient and satisfactory instrument, and he believed it was capable of superseding completely the crotchet and forceps, which he considered dangerous and inconvenient instruments.

CLASS VII.—MISCELLANEOUS SUBJECTS.

No. 43, is already sufficiently noticed.

No. 44, the copy of the works of Galen, exhibited by Mr. H. Jackson, is sufficiently interesting. The name, "Francisi Rabelasi," appears in manuscript on the title page, followed by the words, in a different hand, "nunc demum Alexandri Cooke." On the fly-leaf is written—

"Hos quinq. Tomos Galeni Operum
Lugduni Gal : comparari, quos e libris
Celeberrimi Rabelasi quondam fuisse,
Autographam testatur. A.C.
Rabelæsus Aphorismos Hip : et deinceps Galeni
Artem medicam frequenti auditorio Mous
Pepuli publicè enarrabat. An. 1531.
Vide Epist. ejus Dedicat : in Aph. Hip."

There can be little doubt, that the name of Rabelais was written by himself.

Passing over Nos. 45 and 46, Dr. Branson's paper on the connection between spasmodic asthma and gout, next claims attention. This was a very elaborate paper. Its author very ingeniously drew a parallel between these two diseases, and showed that their symptoms, mode of attack and causes were similar. Led by these striking analogies, he prescribed colchicum in spasmodic asthma, in doses of five, ten, or fifteen minims of the vinum, three times a day, during both the paroxysms and the intervals, with very satisfactory results. In genuine cases the drug produced no purging. The doctor finally observed, that the singular coincidences between these two diseases, pointed to the inference that they were identical. They differed only in one point; the plethoric and vigorous were most liable to gout, the irritable to spasmodic asthma. Bearing in mind the many points in which the two diseases agree, and the single one in which they differ, the conclusion was almost inevitable, that spasmodic asthma is a manifestation of gout in an irritable habit. In the various treatises on gout and spasmodic asthma, no allusion is made to the many symptoms common to both these diseases. Dr. Forbes places gout among the predisposing causes of asthma, but points out no analogy between the two. Dr. H. Holland says, that certain forms of asthma may have a gouty origin.

This paper was followed by an animated discussion, the general opinion of the society being that, the two diseases were essentially distinct.

Nos. 48, 49, and 51, need no further attention. The summary will, therefore, conclude with a brief notice of the very elaborate paper of Dr. Shearman, on arsenic, as a poison; its tests, and antidote. The various processes for testing arsenic, that have obtained any celebrity, were exhibited before the members, who are deeply indebted to Dr. Shearman, for the trouble he took on the occasion.

In order to be able to swear that a substance is arsenic, and to convince a jury, so that an advocate

would be unable to mislead them, he considered it necessary—

1. To produce the metal and show its crystals.
2. To oxidize the metal, and show the crystals of the oxide.
3. To try these crystals with all the fluid tests.
4. To reduce the sulphuret again to the metallic state, again to oxidize the metal, and again to try all the fluid tests.

The tests, to which he attached most importance, are that of Professor Reinsch, as modified by Christison; and that of Robert Ellis, Esq., of University College, as modified by himself. The last modification consists in procuring the hydrogen from water, decomposed by galvanism, so as to avoid the use of zinc, which is known to contain arsenic.

He considered, that the moist hydrated peroxide of iron, and the moist hydrated persulphuret of iron, were the only known antidotes to arsenic. A number of experiments, performed on dogs, were detailed; they established the power of these preparations of iron to counteract the poisonous properties of arsenic.

The Secretary's labours here terminate. He has not satisfied himself. The state of his health was scarcely compatible with the application necessary to the preparation of a satisfactory summary of the Society's proceedings. He has, however, throughout the Session, endeavoured to discharge his duty; and if his last official act be a failure, he trusts that he will not be too severely censured.

The following corrections should be made in the former Report. See *Provincial Medical and Surgical Journal* for May 15, No. 7.

Page 84, in the table, No. 10,—for Mr. Wells, read Mr. Webb.

Page 85, in the table, No. 36,—for Mr. H. Jackson, read Mr. W. Jackson.

Page 86, in column 1, line 24,—for globulated, read lobulated.

Page 89, in column 2, line 18 from the bottom,—for Mr. H. Jackson, read Mr. W. Jackson.

THE COMPLETELY INVERTED UTERUS SUCCESSFULLY REMOVED BY LIGATURE.

By JOHN GREEN CROSSE, Esq., Senior Surgeon to the
Norwich Hospital, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In forwarding the following case for insertion in your Journal, I beg to premise that I am preparing an Essay on "Inversio uteri," and shall feel obliged if those Members of the Association, of whom the number must be considerable, who have met with examples of this disease not yet made public, will

favour me with the leading particulars of each case, through the same channel as I have the privilege of addressing them, and of subscribing myself,

Sir,

Your obedient Servant,

JOHN GREEN CROSSE.

Norwich, May 22, 1844.

On the morning of October 10, 1841, I was called by the medical gentleman in attendance to Mrs. W., aged 29 years, who, after a very tedious first labour, during which ergot had been thrice given, applied the forceps, but did not succeed in effecting delivery. I found the forceps incorrectly applied, and having placed them aright, delivered the patient with very little effort on my own part, a few strong pains completing the expulsion of a still-born child. In half an hour there was uterine contraction; and the placenta descended so as to be felt in the vagina, and with the hand I brought it past the os externum; but, although nine-tenths of the placenta were thus made visible, a portion still remained adherent to a mass occupying the vagina, as if there were another placenta. I succeeded in detaching the placenta on a level with the external labia, and grasping the mass in the vagina, I carried it up into the uterus. All these occurrences occupied very little time; the patient was losing blood, had become pallid and faint, and promptitude of action was required. On reflection, it became evident to me, that the placenta having been attached, and perhaps morbidly so, to the fundus uteri, this part had become inverted, and descended through the os uteri into the vagina; and that, in the relaxed state of the organ, I *reverted* the fundus and placed all *in situ*. On leaving the patient I entertained the most unfavourable prognosis, but learnt from her usual attendant, who remained with her, that she rallied in two or three hours, and in the evening there was satisfactory improvement, the pulse going well—no loss—no fainting. The abdomen became large and tympanitic; but she recovered, and subsequently furnished the following and still more singular history:—

Arrived at the full term of gestation, and in her 31st year, this Mrs. W. terminated her second labour naturally, after eight or ten hours of pain, by the birth of a living female child, at nine o'clock p.m. of January 14, 1843. The surgeon in attendance informed me that profuse hæmorrhage followed—two sudden and enormous gushes—and the placenta not descending, he introduced his hand into the uterus, and finding part of the placenta detached and part still adherent, he proceeded to separate the adherent part with his fingers, but experienced much difficulty, and could only succeed by removing the placenta piecemeal. The hæmorrhage had ceased when I arrived at 10 o'clock p.m.; but the patient continued faint, pallid, cold, with a pulse scarcely to be felt, and did not rally until the expiration of five hours.

No urine having been passed for above thirty-six hours, I was required to use the catheter, when I felt in the vagina a round body as large as my fist, which I recognised to be the uterus completely inverted. Having requested the attendance of the surgeon who had officiated at the delivery, I drew off three pints of urine, and proceeded to replace the uterus, trying the various manipulations advised on such occasions. All

the efforts both of my associate and myself proved unavailing; the uterine tumour was firm and contracted, and as no advancement towards reduction was effected after an hour's trial, we deemed it prudent to desist; the patient's condition indeed warned us to take this course, her pulse being 120, and feeble, the abdomen distended, and the symptoms indicating immediate danger. Anodynes were administered freely, and by care and quietude the patient's condition gradually improved. The catheter was required every twelve hours.

At the expiration of four days, the patient incautiously raised herself to facilitate an evacuation from the rectum, and by straining, caused the inverted uterus to prolapse through the external labia. It was evident now that complete inversion of the organ had taken place; the lowest part of the tumour answering to the internal fundus, had a ragged and sloughy appearance, indicating the spot to which the placenta had adhered; the mass protruded five inches and a half at the external labia, and measured twelve inches in its largest circumference. The patient continued in a very alarming state, with a pulse at 120, or even more. I feared to disturb her much, using a male catheter of gum elastic to draw off the urine, and administering anodynes; and having made up my mind not to return the tumour into the vagina, I covered it with soft linen, or lint, and encircled it with a bandage. This measure was repeated daily, and the graduated and uniform pressure of the bandage, checked the mucous discharge, gave great comfort and relief to the patient, enabled her to turn in different postures, and aided the diminution of the size of the inverted organ, which naturally would diminish, but now did so with such rapidity, that, at the expiration of eight days from the commencement of this treatment, the measurement from the fundus to the neck of the inverted organ was six inches and a half, and the greatest circumference nine inches and a half.

At this period the surface of the tumour was still of a florid red colour, so tender and vascular as to bleed on the slightest touch; and at the lowest part, or fundus, where there was an appearance of dark slough, being the part to which the placenta undoubtedly had adhered, the slough being now separated, there was an irregular depression, about the size of a shilling, decidedly ulcerated. Embracing the opportunity when the bandage was removed, I experimented by touching the exposed internal (now the external) surface of the uterus, by pressing it with the finger, pinching it, pressing my finger nail into it; but none of these means, nor even pricking the membrane with the point of a pin, caused any inconvenience, or produced any sensation or impression upon the patient. It being wintry weather, I got some snow, and placed it on the exposed lining membrane of the uterus, but no sensation of pain or of cold was experienced by the patient; at the part however answering to the os uteri, and at the contiguous part of the vaginal membrane, the cold was felt by the patient from the contact of snow. An abundant mucous discharge was furnished by the whole surface of the exposed tumour.

The termination of the vaginal membrane in the uterine membrane, answering to the os, is very distinguishable in appearance, and is further marked

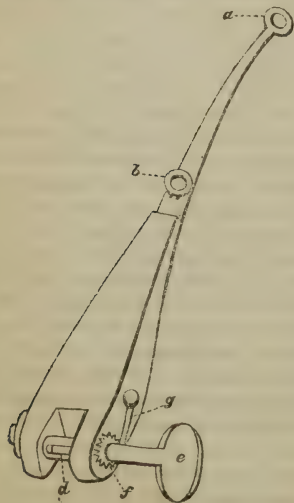
by a ring or thickening, which corresponds to the cervix. This ring or thickening can just be brought into view by pulling down the whole mass, and in this state of the parts I introduce the finger, as far as is admissible, into the vagina, I can at each lateral aspect feel each round ligament, tense and stretched as a firm cord; pain is experienced in the groins when the tumour is thus pulled down.

In sixteen days after delivery the length of the inverted organ was three and a half inches only, the greatest circumference eight inches and a half, under continuance of the bandaging. The catheter was still required twice daily, but soon after this date the urine was often passed naturally, and the catheter was very rarely required.

Having, after the first trial, given up all idea of reducing the inversion, and contemplating the final removal of the organ, I was induced not to carry it up into the vagina, considering that cleanliness could be better promoted by the tumour remaining external, its diminution of size be expedited by bandaging, and facilities offered for removal of the organ by ligature, when it should be determined upon; whilst at any time I could place the uterus in the vagina, if deemed advisable.

The patient's condition was much improved at the three weeks' end, but after this it deteriorated; the profuse mucous discharge weakened her greatly; she became anxious, desponding, restless; and at the expiration of just one month from delivery, I determined to apply a ligature for the removal of the entire organ. I obtained no instruction from books as to the most eligible spot for placing the ligature; but from the experiments I had made in regard to the sensibility of the vaginal membrane, compared with the uterine, I thought it better to avoid the former, and place the ligature on the neck of the uterus, where the circumference measured above five inches; and this choice had the sanction of our valuable colleague, Mr. Newnham, whom I consulted by letter.

On the 12th of February, therefore, the ligature, silken, and about the twelfth of an inch in thickness, was applied; and by means of the instrument, of which an outline is here represented, I had the power of tight-



ening or loosening the ligature at pleasure.* Before tightening the ligature, I bandaged the tumour firmly with a common roller; every two or three hours during the first day, I tightened the ligature a few notches; the mass below the ligature enlarged under the constriction, bulging out where unsupported by the roller, and assuming a dull red colour. It was obvious that the ligature was tight enough only to interrupt the return of venous blood, and but slightly, if at all, to interfere with the supply of arterial. It was even probable that, with so large a mass included, the ligature would scarcely act upon the central parts. To tighten the ligature at short intervals, in proportion as it became stretched, and the parts included gave way, became necessary, in order to maintain the degree of constriction. The patient experienced no pain in the seat of the constriction, and suffered no sickness, but had pain at the lower part of the abdomen, and in the loins, which moderate doses of opiates relieved.

On the second day, the constriction being kept up, and even a little increased, the tumour, where visible, was dark as a mulberry. Contact of the soft parts with the instrument was prevented by lint, and renewal of dry linen was often required to absorb the abundant mucous discharge. Sleep has been gained by the use of opiates; the abdomen is tumid, but not tender on pressure.

Every day I tightened the ligature a few notches, and had never occasion to loosen it, on account of any very urgent or painful symptoms, which I attribute to my keeping in view a gradual constriction, so that the ligature might work its way through the included mass, by *ulcerative absorption*, and not cut through as a knife, nor suddenly produce strangulation of the part, which could not be borne. The pulse continued at 120, as it was before I began the operation, and the catheter was used several times each day.

On the 16th, four days from the commencement, the superficial parts of the tumour appeared quite gangrened, still the ligature required to be tightened thrice in the day, a few notches each time; and next day the tumour became a flaccid, dark, and evidently putrifying mass, leaving no doubt as to the arterial circulation being entirely interrupted in it; so on the 18th I cut it off, three quarters of an inch below the ligature, to the great comfort of the patient. The pulse subsided to 108, so I altered from low diet to meat, and a little wine or porter, to support the patient's strength. In the evening, after this excision, I found the ligature, which was still kept tight, and which was at first apparent at the external labia, drawn up an inch and a half within the vagina. The weight of the tumour being removed, and the resistance from its size at the external labia no longer present, this retraction of the remaining os into the vagina, is attributable to the action of the round ligaments.

At the expiration of twelve days, February 24th, I removed the ligature, leaving the small remaining slough to separate spontaneously; the woman's health is

* The figure is half the size of the instrument employed. The ends of the ligature being brought through the apertures (a) and (b), are fastened at (d), and the ligature is tightened by turning the part (e), which is connected with the cogged cylinder (f), and each cogg acts upon the spring (g). The ligature can be loosened by pressing back the spring, so that it no longer acts upon the cogs till left at liberty.

improved, the urine has for some days been voided naturally, the pulse is 100 in a minute.

March 6th. All mucous discharge has ceased. By the use of the speculum I ascertain the vagina to be healthy, and can observe the part corresponding to the os uteri, a transverse slit, flat at its edges, without any remaining ulcer.

On the 11th of March the patient sat up, and after the 14th came down stairs daily, occupying herself moderately in her domestic affairs. By the 20th she was restored to as good health as usual. A sponge pessary was worn for some weeks.

It is now sixteen months since the operation; no menstrual loss has appeared, but she has performed conjugal duties without inconvenience, and enjoyed as good health as was usual before being deprived of the uterine organ, a part of the female system whose essential functions have reference naturally to only a portion of the possessor's life, and the absence of which, when once safely accomplished, can be borne without any detriment to health, or abbreviation of the duration of her existence.

HYDROPATHY.—FATAL CASE AT A COLD-WATER ESTABLISHMENT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you do me the favour to insert the following case in the Provincial Medical and Surgical Journal. The circumstances attendant upon its termination, have excited a great degree of interest in this neighbourhood.

I am, Sir,

Your obedient servant,

J. P. GARLICK.

Leeds, June 4, 1844.

Mr. William Waite, of Leeds, aged 59 years, by trade a joiner and cabinet-maker, consulted me about ten years ago for what I considered a disease of the stomach. Strict attention to diet, local depletion, counter-irritants, with appropriate medical treatment, afforded him complete relief.

In the year 1840, he had a fresh attack, in an aggravated form, which resisted various means employed to subdue it. By the joint recommendation of Dr. Williamson and myself, he crossed the Atlantic in a sailing vessel, April, 1841, and after an absence of three or four months, returned home surprisingly improved in health, and so entirely relieved of all pain, sickness, and vomiting, as to consider himself well.

He continued to feel quite well up to March last, and on the 23rd of that month he again consulted me. He said that he had been suffering pain for many days in the epigastrium, extending from the anterior abdominal parietes a little to the right of the median line, quite through to the back, and prolonged thence into the right hypochondriac region.

He complained of a distressing sensation of heat at the part, and some degree of acidity of the stomach. Frequent vomiting at uncertain intervals, and sometimes occurring very suddenly was a strongly marked symptom. The pain uniformly came on about an hour

and a half after taking food, and would continue severe for about two hours, when it would leave him, and he would remain easy till a fresh supply of food was introduced into the stomach. If the vomiting happened to occur when the pain was most severe, it would afford him instant relief. Immense accumulations of flatus in the stomach and bowels distressed him much. The bowels were very irregular in their action, sometimes constipated, sometimes in a loose state. There was tenderness on pressing on the epigastric region in one particular spot, but I could not discover induration. He was emaciating and looking ill.

From these symptoms, precisely analogous to those which existed in the former attacks, I had too much reason to fear a protracted illness, and perhaps ultimately a fatal termination. Knowing my patient to be a very intelligent man, I took some pains to explain to him the opinion that I had formed of the nature of the disease under which he was suffering, and the precise part of the stomach which I believed to be more especially affected by it, the pyloric extremity.

After pursuing the plan of treatment which I recommended to him, for about a fortnight, he was persuaded to go to Ilkley, a village, sixteen miles from Leeds, where a cold-water establishment has recently been set up, and place himself under the care of its medical superintendent, Dr. Rischaneck. The opinion which Dr. R. thought fit to give to Mr. Waite, is emphatically expressed in the following extract from a letter which he wrote to his wife on the 19th of April:—"Dr. R. says it is the liver that is affected, and *not* the stomach and bowels, only as they are affected by the liver; and he speaks with the greatest confidence that in a little time I shall be better."

The treatment adopted at Ilkley, is so graphically described by Mr. Waite himself, that I cannot do better than again quote his own words. In a letter dated May 7th, he says, "I must now tell you what I am doing. At half-past five the man comes into my bedroom with a cold wet sheet, and I get out and strip, while he turns the bed and bed-cloths back, and spreads a blanket on the mattress, then the wet sheet. I lay down upon it on my back, and he wraps me up in it; he then wraps the blanket very tight round me, and pulls the bed and bed-clothes upon me, and tucks them in round my breast, and leaves me for one hour. He then comes with two buckets of cold water, and takes me out to the side of the bath. He takes off the blanket and sheet. I first wet my head, then sit down in the water; the man washes and rubs me behind, and I the front; and rubbed dry with a dry sheet. Dress; take a pint and a half of cold water; walk half an hour; then breakfast on half a pint of new milk, with a little water, and a little bread and butter. At 11 o'clock, a sit bath—a pint of cold water—walk half an hour. Dine at twelve, on a small bit of mutton and a little rice pudding. At five, I have sheet bath—that is, the man takes a cold wet sheet and flings it over my head. He rubs the back, and I rub the front, from top to the bottom. He then changes for a dry sheet, and we rub from top to bottom. I take a pint of cold water—walk half an hour—then supper, same as breakfast.

"But I have forgot to say that I have a bandage three times round my body that is wet one yard, and two yards dry. This is fresh wet every time I have a bath, that is, three times a day. Now I have given you a

fair account of my work every day; and this will be done until I come home. When I was about to leave the doctor on Saturday, I asked him how soon he thought I should be ready to return. He thinks I shall be ready in three or four weeks from to-day, Tuesday, May 7th."

On Wednesday, May 8th, Mr. Waite writes, "I think I may now say that I am in a fair way of recovery, according to the doctor's account, and I hope he is correct."

On Thursday, May 9th, Mr. Waite became suddenly worse. Excruciating pain in the body, continuing for upwards of twenty-four hours, exhausted the powers of life, and he died on Friday night, May 10th.

Section Cadaveris.—I had an opportunity of examining the body of Mr. Waite, on Tuesday morning, seven a.m., May 14th, in the presence of Dr. Hobson, Dr. Drennan, Mr. Atkinson, surgeon dentist,* Mr. York, Mr. Holwell, and two friends of the deceased.

Before describing the appearances that were met with, it may not be improper for me here to say that in a conversation which I had with Mr. Hey, surgeon to the Leeds Infirmary, on the preceding evening, on the subject of this case, I stated to him that I expected to find peritonitis with perforation of the stomach. The same statement was made to my assistant, Mr. Holwell. And now to proceed with the morbid appearances.

On opening the cavity of the abdomen, the most marked evidence of very extensive peritonitis immediately struck the eye, and a perforation capable of admitting the point of the little finger, situate in the anterior wall of the stomach, on its small curvature, and at its pyloric extremity, was distinctly visible before the viscera were disturbed.

A large quantity of fluid was found in the general peritoneal bag, evidently the contents of the stomach which had escaped through the perforation. The stomach was empty. An incision, extending along the large curvature, exposed the inner surface of the stomach, and brought into view three distinct ulcers at its pyloric extremity; each of a size larger than a kidney bean; each presenting, round, smooth, well-defined, elevated edges; and each differing from the others in the progress of the ulcerative stage. In one of them, the mucous membrane only was destroyed; in a second, the ulceration had extended through the mucous coat and the muscular coat, leaving only the peritoneal coat entire; while in the third, the peritoneal coat was also destroyed, and the perforation rendered complete. The whole of the mucous membrane of the stomach was much thickened, but more especially that part of it immediately surrounding the ulcers.

The liver was of a very dark chocolate colour, apparently the result of congestion, inasmuch as its structure did not appear to be morbid. There was not the slightest appearance of abscess,† and there was no other abnormal condition of the body.

Having been asked whether the ulcers, situated in the walls of the stomach, would have proved fatal under any mode of treatment, and if so, whether the

fatal result had been accelerated by the water treatment; I think it right to say that an account of the appearances after death, together with the following written opinion, signed by Dr. Hobson, Dr. Drennan, and myself, has been given to the friends of the deceased, and to the supporters of the water establishment.

"We feel ourselves called upon to state that the morbid condition of the stomach, which has been described in the above account of the post-mortem examination, would, in all human probability, at some time have proved fatal under any mode of treatment; but we are of opinion that its progress might have been retarded, and the life of the patient prolonged, by judicious treatment.

"On the other hand, it is our conviction that the hydropathic treatment would contribute materially to accelerate the progress of that ulceration which, by perforating the coats of the stomach, gave rise to the acute peritonitis which proved so rapidly fatal."

ON THE EMPLOYMENT OF COLD WATER
AND THE ERGOT OF RYE IN THE PRACTICE OF MIDWIFERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,
Midwifery ought to be considered, not only by every member of the profession, but by every member of the community, as the most important branch of the healing art; for by it more lives are saved, and sufferings shortened, and more deplorable consequences averted, than by any other. Any one who thinks otherwise, must, on a calm view of the subject, be impressed with the same opinion. The number of infants who are mutilated, murdered, or consigned to the grave when death is only apparent; and that of the mothers who are kept lingering in agonies, suffered to expire, lacerated, and made cripples or loathsome for life, by ignorant, meddling pretenders to the almost divine art of scientific midwifery, surpasses credulity.

These observations are occasioned by Dr. Toogood's paper, "On the Practice of Midwifery, with Remarks," in your number of May 22d; and, as whatever issues from his pen is entitled to the highest respect, it seems desirable to me to raise from the mire into which he has almost consigned them, two of the most important and influential agents in the good work—cold water and ergot of rye.

It may not be amiss here to state my qualification for the task; and as he and I are sailing in the same ship, on a voyage of discovery, for the improvement of the obstetric art, I presume he will hail me as a worthy ship-mate. It is now nearly half a century (upwards of forty-eight years) since I had my first case of midwifery; and, with the exception of four years and a half spent in London, this has been the field of my labour.

I will not follow the doctor through the whole of his paper, though I should be tempted to do so, if time and better ability permitted, but confine myself chiefly to the use of cold water for uterine hæmorrhage,

* Mr. Atkinson is an active supporter of the water establishment.
† The widow of the deceased has been informed that Dr. R. has stated that her husband died from Abscess.

particularly post-partum, and the wonderful and hitherto never-failing power in every case, in my hands, of the *secale cornutum*, in inducing the uterus to energetic, safe, and decisive action.

I perfectly agree with Dr. Toogood, that in hæmorrhage likely, if left to nature, to run on to a fatal termination, at any time between conception and the full period of gestation, we should rupture the membranes. This and forcible delivery under peculiar circumstances, have, hitherto, preserved me, thank Heaven, from even one death to the mother, within some months after the event.

The hæmorrhages most to be dreaded, perhaps, are those, as the Doctor remarks, post-partum, when, after a perfectly natural labour, the placenta has been expelled and everything seems to augur well. Here cold water, both internally and externally, profusely applied, together with all the cold air that can be had, and perfect quiescence and free exposure—even continued, if necessary, for hours—have been invariably successful with me. Yesterday morning I delivered a woman of her third child, and each time was a case in point. Her labours were natural, and with the exception of the first, terminated after my arrival, within two hours. My plan is to compress the uterus externally with my hands, but never to introduce one into it, after the placenta has left it; to allow her as much cold water to drink as she wishes; to open the window and door, to forbid her speaking or moving; to throw off the bed-clothes, and apply to the hypogastric region and vulva, cloths dipped in cold water and vinegar, and renewed every two or three minutes till the wished-for event be obtained. This never occurs till after the lapse of two or three hours, when the pulse at the wrist and consciousness for some time cease. She and her children do well, and her health and strength return nearly as soon as if she had only a natural loss. Still, as Dr. Toogood observes, some women are more tardy in recovering from such dreadful losses.

A few months ago, one of the most aggravated cases of flooding at and after labour, occurred to me in the person of Mrs. Price, of Weston Gate, near this town. During her pregnancy, which was obscure, she was in the Worcester Infirmary, and some months before her full time she came home, and placed herself under my care. I immediately pronounced her with child, and led her on to her full period. Labour commenced, and with it a trifling discharge of blood. I ruptured the membranes immediately, and knowing the necessity of delivering her as speedily as possible, especially as the draining continued, and the pulse was becoming more feeble, I sent for my son and requested him to bring with him our bag of instruments; but ere he arrived (an hour had not elapsed) I had the child and placenta; notwithstanding we were for three hours assiduously engaged in applying cold water and vinegar to the region of the uterus by means of cloths, and occasionally compressing the uterus, which seemed tolerably contracted. As long as the power of swallowing remained, we plied her well with cold water. The discharge persisting, the pulse at the wrist and consciousness left her for upwards of an hour; as a last resource, my son dashed a pailful of cold water against the abdomen, soon after which, the pulse became feebly perceptible, she opened her

eyes, and every moment witnessed an improvement. She and her child are now in good health.

I now turn to the *secale cornutum*. My plan of administering this is, in cases where the pelvis is capacious enough to admit of the passage of the child, and where the uterus is fully dilated, or where there is no rigidity of the os uteri, and where the pains are enfeebled, or where after having continued so for some time they gradually fall away, and a calm ensues, nothing being wanting but thorough expulsive efforts, to have two drachms of the fresh grain powdered, and then divided into four equal parts. One of these I give infused in about two ounces of boiling water, to which I add a little sugar, every twenty minutes, if necessary, till the whole be taken. Used thus, it has never disappointed me, so that I look upon it as a most invaluable boon, generally terminating the case, with perfect safety to the mother and child within an hour after the last dose be taken. Sometimes one dose will suffice, sometimes two, three, or the whole; but beyond this, I never go. On one occasion it seemed to be altogether inert, as the uterus remained passive after four doses were taken, for nearly four hours, when suddenly it arose to decisive action, and the case happily terminated within the hour. Before the peculiar action of the *ergot* commences there seems to be a calm more or less transient.

About a year ago I was sent for, early in the morning, to Boyton, about two miles distant, to a woman whom I was engaged to attend, who had evidently gone two or three weeks beyond her full time; on my arrival, her pains had partly left her. After staying two or three hours, I went home, promising to return in the evening. On my return, I found matters in statu quo, and having armed myself with four doses of the *ergot*, and satisfied myself of the state of the parts concerned in labour, I gave her one dose, and before the expiration of the first twenty minutes she complained of a peculiar pain in the bowels, which, she said, was not labour; this pain persisting, I examined and found the head gradually descending, and in less than half an hour, all was happily over. This was her second labour, the first, about two years before, being a very severe one.

I am, Sir,

Your obedient humble servant,

THOMAS POPE.

Clebury Mortimer, Salop, May 27, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 12, 1844.

Notwithstanding the frequent exposures of the fallacies and absurdities of mesmerism, which have taken place, since this so called science came prominently before the public, there is something about it so captivating to the unlearned and unlettered many, there is so much "soft witchery" in the insinuating manner in which it seeks to

curry favour with the credulous world, that it still continues to hold its ground, and occasionally to make fresh converts, in spite of the efforts of reason against it. Nor is this, perhaps, to be wondered at; for if common sense, in its every day clothing, is unable to regulate the ill-informed and ignorant, novelty, in its many coloured and more attractive garb, must exert its influence. The human mind must have something to feed upon, and if it be not guided and directed aright, if the never-failing tendency downwards be not counterbalanced by the aspiration towards "the higher and better," the consequences must be obvious to every one.

We are here reminded of a quaint but truthful passage from Burton's *Anatomy of Melancholy*, a work which amongst the trashy novelties of the times, runs some risk of being disregarded. "The common people," says the author, "are as a flock of sheep; a rude illiterate rout, void many times of common sense, a mere beast, *bellua multorum capitum*, will go withersoever they are led: as you lead a ram over a gap by the horns all the rest will follow." And again, "so that I may say their ignorance is a cause of their superstition. For in all superstitions you shall find that the parties first affected are silly, rude, ignorant people, old folks that are naturally prone to superstition, weak women, or some poor illiterate persons that are apt to be wrought upon and gulled in this kind, prone without examination or one consideration to believe anything." We need feel no surprise then, at the numbers who flock to listen to the marvels, to witness the miracles of the expounders of, and the believers in, mesmeric agency. There is scarcely a day passes by, without some advertisement appearing in the daily papers, inviting the public to a shilling lecture, illustrated by experiments of a most amusing and original nature. "Mr. A. will read any book with his eyes shut; and Miss B. will see what is going on behind her back without the aid of a looking glass."

It is observed by Dr. Carpenter, in a late number of one of our contemporaries,* that in regard to the so-called "higher phenomena" of mesmerism, the difficulties attending the investigation are much greater (than those attending the ordinary phenomena); from this cause among

the rest—that they rarely manifest themselves in *untrained* patients, and that the subjects of them are almost entirely patients of a kind, whose performances are to be received with the greatest suspicion; and again, that "the minds of young females suffering under hysterical disorders are affected with a kind of monomania, which leads them to practice deceptions of a most extraordinary nature—often so cleverly as to delude not only their own friends, who cannot imagine the possibility of any fraud, but even their medical attendants, and carrying these on for months and even years." These are truths with which every one is acquainted who has been in the habit of reading accounts of extraordinary cases, which from time to time, appear before the public, but it is not on that account the less necessary to recall them to recollection. The repetition of the deceit calls for the repetition of its exposure, and if the public are to be preserved from the consequences of imposture, the advocates of truth must be at least as zealous and active as those of falsehood.

An account recently appeared of a meeting, at which a youth, whose eyes were closed by means of strips of plaster, professed to read from a book before the company. Some medical gentleman who was present, and suspected that all was not quite right—in short, that the experiment was not conducted in a fair and open manner, begged leave from the lecturer to superintend it himself. This was reluctantly allowed. The eyes were now *perfectly* closed, and some words were placed before the youth, which he was requested to read aloud. He could not do it, *for his vision was quite obstructed*. Our medical friend afterwards discovered, that it was easy by constant practice, to see *under* the strips of plaster, though *apparently* the power of vision was removed, *Ex uno disce omnes*. It always happens, that if the experiment is not conducted by the party to whom its success is an object, it is a complete failure. A fact, which in itself should make us extremely careful in our reception of statements of alleged mesmeric agency.

The subject of phreno-mesmerism, "in which the mesmeriser professes to be able to direct the patient's train of thought, by simply *pointing* with his fingers to the several organs in such a manner that the patient is not conscious which is the one to be excited," is a matter of still more serious

* Medical Times, May 18th.

import, and the claim which it makes to a mental—an unconscious mental influence—savours as much of impiety, as the ordinary manifestations of mesmerism do of folly.

The pretensions of mesmerism if put into plain language amount to this, that one person shall be able at will to assume a power over another, by the agency of which all individuality is for the time destroyed, and the physical and moral faculties of the person acted upon, placed completely and irresistibly at the disposal of a fellow mortal, who may use them as he pleases, and did the power really exist, would often pervert them to the worst of purposes.

The subject then becomes too serious, and it is time that the delusion should be so exposed that the public mind may be set at rest, and the ignorant and unwary no longer led astray.

Glossology, or the Additional Means of Diagnosis of Disease to be derived from Indications and Appearances of the Tongue. By BENJAMIN RIDGE, M.D., M.R.C.S.L., &c., &c. London: 1844; 8vo., pp. 84. Plates.

The treatise before us is an attempt to connect the appearances observable on the surface of the tongue, with the diseases of which, as the author supposes, they afford correct indications. The spirit of martyrdom by anticipation, in which Dr. Ridge seems to have written his preface, and the postponement of his claims to due consideration from the existing to a future generation, may well excuse us from inflicting the severity of criticism upon the work. To point out its errors of commission is, moreover, unnecessary, as the work has already experienced the tender mercies of some of our brotherhood. We rather prefer to commend the zeal which the author shows; and though we cannot follow him in the singularly curious mathematical division of the tongue, by which that organ is, with such apparent accuracy, mapped out, into we know

how many portions, nor in the apportionment of these divisions, each to an especial organ or tissue, yet we are quite willing to admit that the elements of a more precise acquaintance with certain of the morbid appearances which it presents, are indicated. Let Dr. Ridge throw aside his diagrams, and pursue his researches into the variations exhibited by the tongue upon a less ideal system; let him establish any observation which he may make by a sufficient number of facts to warrant a deduction; let him give these facts, or at least a faithful summary of them, and we have little doubt that he will be able to develop principles

more in accordance with physiological, if not with mathematical science, and at the same time produce a work on Glossology more worthy of the attention of his readers.

Observations on the Proximate Cause of Insanity. By JAMES SHEPARD, M.R.C.S. London: 1844. 12mo., pp. 104.

The main scope and intention of the present work is to show "that insanity is *universally* and *essentially* dependant on morbid conditions of the blood." It is therefore, to be received as a contribution towards those doctrines of the humoral system of pathology, which are now once again on the ascendant. We cannot admit that the author has proved his position, but his observations may be read with advantage, since, notwithstanding the alloy of much that is purely speculative, the opinions of many eminent writers on the subject are here brought into one focus and compared together; and, if the exclusive dependence of insanity on changes which take place in the blood, is not established, it is at least shown that no other of the causes to which the different forms of that disease have been attributed can be received as either universal or essential.

Remarks on the Efficacy of Matico, as a Styptic and Astringent, with additional cases, Mode of Exhibition, &c. By THOS. JEFFREYS, M.D. Second Edition. London: 1844, pp. 37.

This pamphlet, in part republished from the Transactions of the Provincial Medical and Surgical Association, contains a concise history of the discovery of the new and powerful astringent remedy, lately introduced into this country, by Dr. Jeffreys, together with a notice of its properties, and its application in the cure of diseases in which such remedies are called for. Several additional authorities are given in testimony of the powerfully styptic properties of the matico, and of its use in external and internal hæmorrhages, in gonorrhœa, leucorrhœa, catarrhus vesicæ, &c. The matico is now, as we are given to understand, employed in some of the London Hospitals, and has been used with much success in many of our Provincial Institutions, as well as in private practice.

When applied externally, Dr. Jeffreys recommends the inner (upper?) side of the leaf as most powerful. "To leech-bites, and bleeding from cuts or other recent wounds, the *inner* side of the leaf should be pressed upon the bleeding part for a few minutes, when it will be found to possess not only an adhesive, but also a *healing* quality, not easily separated by washing the hands or other ordinary means." In bleeding from the nose, the powdered herb used as snuff has been found a very convenient mode of applying it. We

subjoin the formulæ for preparing an infusion, a decoction, and a tincture.

INFUSION OF MATICO.

Take of Matico-leaves . . . one ounce.

„ Boiling water . . . one pint.

Macerate for two hours, or until cold.

Dose—two tablespoonfuls for an adult, twice or three times daily, or oftener, if the case is a severe one or the symptoms urgent.

DECOCTION OF MATICO.

Take of Matico-leaves . . . one ounce.

„ Water one pint.

Boil for ten or fifteen minutes, and strain.

Dose—the same as that of the infusion.

TINCTURE OF MATICO.

Take of Matico-leaves . . three ounces.

„ Proof spirit of wine . one pint.

Digest for fourteen days, in the usual way, and filter for use.

Dose—from thirty to sixty drops, in water.

We cannot conclude this short notice without expressing our opinion, that Dr. Jeffreys is entitled to the best thanks of his professional brethren, for the introduction, of what is likely to prove, so useful an addition to the *Materia Medica*.

Lecture on Physical and Intellectual Life, delivered before the Educational Society of St. Mary's, Birmingham, May, 1843. By SAMUEL WRIGHT, M.D., F.R.S., F.S.A., F.B.S., &c., Physician to the Birmingham General Dispensary.

Dr. Wright is very favourably known to the profession by his elaborate and interesting researches on the literature and pathology of the salivary secretion. The essay now before us evinces the same grasp of reasoning power, the same clear and methodised habits of thought, the same diligence and latitude of research, which characterised his mode of treating the subject to which we have referred. It contains a very able, brief, but lucid exposition of a very extensive and difficult theme, and forms a clear and compendious summary of our existing knowledge and philosophy. The author's mind is graced with the higher quality of wisdom, as well as information; and in his eager study of the book of human science, he does not neglect nor undervalue the great volume of Revelation. Familiar with what is known, he is keenly sensible of the unknown, and retains a candour of statement upon difficult and debateable points, which if it does not always convince, has no tendency to mislead. Dr. Wright's pamphlet is well calculated to diffuse sound and correct information on the varied questions he has discussed.

EFFECTS OF MALARIA ON TEETOTALERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Mr. Morris, of Spalding, represents the malaria, choosing for its victim the emaciated and miserable looking teetotaller, inhabiting a poor miserable cottage, with floor of mud, windows all in pieces, and scarcely a burning ember in the grate; thus assuming that abstinence from alcoholic stimulants produces poverty and disease. The testimony of those who have fairly tried teetotalism is, almost without exception, that by it health and strength are increased, and the saving effected by it, averages a third of the wages. It may be inferred, from Mr. Morris's remarks, that the habitual dietetic employment of alcohol is not injurious to health, which I believe is not true of it, nor of any other poison or medicine.

If it be true that persons who live principally upon vegetable diet, and avoid stimulants altogether, are more frequently attacked with malaria than those who do not; may it not be owing to the former circumstance alone. Mr. Morris says, a low diet and total abstinence from stimulants induce malaria; I question whether the latter does.

If the water possesses any deleterious quality, I suppose that it may be corrected without the addition of alcohol or other narcotic. It is not to the credit of Mr. Morris's medical friend that he allowed his patient to conclude, that because a stimulant aided his recovery, he should continue to take it after he was cured.

I do not think that the aspect of the present teetotallers is a fair exemplification of the effect of teetotalism upon health; because many of them had ruined their constitutions by indulgence in alcoholic stimulants before they adopted the principle; and many of those who never were intemperate, had originally such feeble constitutions that they never could drink alcoholic liquors, even in the most moderate degree, without being sensible of injury. Some of these feel assured that had they continued to drink stimulants, they would not now be living.

Many, by their previous indulgence in alcoholic beverage, have become so sensualised as to retain and adopt other habits injurious to the health; as smoking, snuffing, or chewing tobacco; the drinking of tea, coffee, cocoa, or ginger-beer, to excess, and when not required, by which they often bring on dyspepsia; sitting in crowded coffee-houses often to late hours; and some unprincipled coffee-house keepers allure the young to balls, which sometimes continue all night.

I am assured, however, by a medical friend, who attends a great number of teetotallers, that they are more rarely attacked by typhus than those who are accustomed to stimulants. The appearance of the man who takes his accustomed glass of ale daily, is even more fallacious; for though he may for a time look plumper, he is generally less active, sooner incommoded by perspiration, sooner out of breath, and not equal to the teetotaller in endurance of continued labour; the complexion leucophlegmatic, or plethoric, in either case indicating the proximity of disease.

I am, your obedient servant,

THOMAS EDEN.

52, Mount Pleasant, Liverpool, May 20, 1844.

TREATMENT OF PUERPERAL CONVULSIONS. MR. DRUITT'S CASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I feel assured that many of your readers will have felt the same disappointment that I did upon reading Mr. Drutt's letter, which he styles "a reply to Dr. Arnold."

The additional facts which my letter have brought to our knowledge, certainly justify the use of the lancet in the case alluded to, for it now appears that this patient has a constant tendency to cerebral congestion and plethora, and that any slight transgression from dietetic rules, immediately brings on giddiness and bleeding from the nose. This does indeed speak volumes to a practical man, but I would ask, who, from reading the statement of the case made by Mr. Drutt in his first letter, could have supposed he was treating such a constitution; and how justly did he lay himself open to my remarks, when the case as reported in your Journal, contains no other observations on this subject, than that the lady complained of headache and drowsiness for some days.

What was the state of the circulation or habit of the body, until Mr. Drutt's second letter appeared, remained a mystery, and it was upon the absence of such important features, that I doubted much the propriety of so large an abstraction of blood.

Your correspondent must not be surprised that in some constitutions, when large doses of calomel are given, and at the same time large quantities of blood taken, salivation should be the consequence; and I think I need not explain to him the reason why such effects are produced. Mr. Wilson's cases are instructive, and in reading them you feel at once conversant with the case; but how can they be explained, if, as Mr. Drutt says, "we may throw away all fine-spun stories about sympathy." May I not indeed say, with some truth, that I "doubt seriously whether he is himself acquainted with the disease which he writes about." If sympathy develops its influence more apparently in one case than in another, is it not in puerperal convulsions, and are the remarks made in Dr. Lee's excellent work of no practical information? "There are many cases in which the peculiar condition of the nervous system of the uterus appears to be the *sole* cause, and in *all* cases it is the principal predisposing cause, for the fits of convulsions occur in most women in the first pregnancy and labour, and at no other time but during pregnancy and labour; and they often suddenly cease when the labour is completed, after *every* remedy has been employed without avail, except artificial delivery. The condition of the brain on which the loss of consciousness and convulsions depend, is obviously produced by *sympathy* with the nervous system of the uterus; and the fits return, and increase in violence, till the uterus is emptied of its contents, as it is on them the irritation of the nerves of the uterus alone depends."

I have quoted at length this passage, but must refer your readers to the chapter on puerperal convulsions, which, if I had seen it before my first letter appeared, would have confirmed me in the propriety of my observations. The peculiar tendency in Mr. Drutt's patient to cerebral congestion rendered bleeding impe-

rative, but I still maintain that our hopes of subduing the convulsions must not depend solely on the lancet, and that it becomes the duty of the practitioner in such cases, to spare as much as possible the loss of blood for the sake both of mother and child. The lives of both are frequently at stake, and confidence is ill bestowed upon that practitioner, who will hastily adopt so free a use of the lancet in this often frightful malady. There is no disease which a pregnant woman is heir to, which requires a more careful discrimination of *causes*, and a more prompt application of remedies; and as a general principle of treatment, I believe large abstractions of blood at such a period to be uncalled for, and a wrong application of curative agents.

I remain, yours, &c.,

B. NORTH ARNOLD.

Atherstone, May 17, 1844.

ELIGIBILITY OF THE LICENTIATES OF THE SOCIETY OF APOTHECARIES AS MEDICAL OFFICERS OF UNIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I beg to express my obligations to the Worshipful Society of Apothecaries, who, by an Act of Parliament passed in 1815, were empowered to confer legal privileges on Medical Students, for their attention to the interests of those holding their certificate. It has always been considered that the Licentiate of the Company, with respect to his rights and privileges, as conferred and secured by law, stood on an infinitely higher ground than any mere member of the College of Surgeons. To the general practitioner in private practice, the use of the diploma of the College of Surgeons was ever considered to confer no right, and on that ground, many honourable practitioners of the present day deemed it unnecessary to pay £22 for a document that was utterly useless. In the Lancet, March 21, 1835, E. Chadwick, Esq., Secretary to the Poor-Law Commission Office, in answer to Mr. John Hall Barnett, distinctly states that the Commissioners had no wish to exclude individuals duly qualified, *either* by the College of Surgeons, *or* the Apothecaries' Company from contracting, or being considered eligible to contract for attendance on the poor of any of the unions. *Now*, to infringe on the rights of the Licentiate empowered to practice by Act of Parliament, and render him ineligible to hold the office of Medical Practitioner to a Union, is a most extraordinary and unjust decision, and demands an imperative call on the part of all Licentiates to protect their right, since there are many highly talented and respected practitioners, with their families, suffering, and others likely to suffer severely from this power, granted to the Poor-Law Commissioners.

If any change or reform is to take place, let it fall on the heads of forthcoming students, and not on practitioners of from ten to twenty years standing, who have had the privilege conferred on them to practice, through an act of Parliament.

I am, Sir,

Your obedient servant,
A GENERAL PRACTITIONER.

27th May, 1844.

RETROSPECT.

THERAPEUTICAL APPLICATION OF COLD.

It is observed by M. Alliott, that to produce good effects from the application of cold, the temperament of the patient should always be considered. In nervous persons and upon irritable organs the use of cold should never be carried to the same extent as in opposite states of the system, or in other parts of the body. Two young females, sisters, one of whom was of extreme susceptibility, the other more calm, were attacked at the same time with fever. Ice was applied to the head of both of them. The latter was relieved by the application; the symptoms of the former were, on the contrary, aggravated by it, and the attack soon proved fatal.—*Journal de Chirurgie*.

COUNTER-IRRITANTS.

The following rules derived from the tone and frequency of the pulse are suggested by Mr. Atkinson, of Westminster, for the application of counter-irritants, and are stated to be derived from the physiological law:—The greater the irritability of the constitution the greater will be the sensibility of the cutaneous surface. His observations chiefly apply to the time required for the production of the full therapeutic action of this class of remedies. If the pulse is turbulent, wiry, and frequent, as from 100 to 170, from ten minutes to half an hour's application will do; if from 80 to 100, small, and wiry, then from a quarter of an hour to two hours may suffice. In both these states of the pulse, if the skin is moist, a longer time will be required. In a slow pulse, under 70 in a minute, when there is some degree of softness accompanying it, from twenty to forty hours, on an average, may be safely relied on, as not being too long for full effects. We select the following cases as illustrative of the preceding remarks:—

Case 1. J. C., aged sixteen years, was suddenly attacked with typhus, and the ordinary remedies were administered. During the progress of the disease it was found necessary to have recourse to blisters and sinapisms to relieve the cerebral congestion commonly present in typhus. At this stage of disease the pulse was irregularly quick, wiry, and numbered about 150; a blister was applied to the nape of the neck, and sinapisms to the calves of the legs. The former vesicated satisfactorily in a quarter of an hour; the latter could not be endured longer than five minutes.

Case 5. A child, aged one year and six months, had suffered under congestive pneumonia; pulse 170. A blister was applied over the sternum, which had the wished-for effect within a quarter of an hour.

Case 7. A lady, aged 63, who had for the last twenty years laboured under a bronchial affection, with profuse expectoration, at different seasons of the year, became a sufferer from influenza. Her pulse was small and wiry, average 130. It was thought advisable to apply a sinapism to the chest; it could not be endured more than ten minutes. A week after this, through the abatement of the disease, the pulse became lower, softer, and hardly increased to 76, and the poultices were re-applied, when it became clearly evident that they could be endured with impunity for more than half an hour.

Case 10. M. C., aged 26, was suffering from chronic rheumatism in the right arm and shoulder. A blister had been applied over the part affected. The pulse was weak and small, not exceeding 68 beats in a minute. It was directed to be removed after the expiration of thirty hours, and being attended to at the period mentioned, the vesication was complete without rupture of the cuticle.—*Lancet*.

Mr. Atkinson gives short notes of ten cases, the results of which we have thrown together in a tabular form, arranging the cases according to the frequency of the pulse.

	Age.	Disease.	P.	Blister.	Sinapism
4 Infant	7 m.	Convulsion	rapid		2 min.
5 Child	18 m.	Pneumonia	170	15 min.	
1 J.C.M.	16	Typhus	150	15 min.	5 min.
7 Female	63	Influenza	130		10 min.
9 S. A.	19	Fever	130	5 hours	
8 Male	25	Bilious Fever	90	8 hours	
7 Female	63	Influenza	76		30 min.
10 M. C.	26	Chr. Rheum.	68	30 hours	
2 Male	18	Influenza	65		1½ to 2h.
3 Male	62	Hemiplegia	62		2 hours.

NITRATE OF POTASS IN ASTHMA.

A correspondent of the New York Medical Gazette says, that he has derived essential benefit from using the following remedy in severe attacks of asthma, and has prescribed it for several patients with equal success:—Immerse thick porous paper in a saturated solution of nitrate of potass, or common saltpetre, and hang it up to dry. At the approach of a paroxysm, inhale the vapour by burning it in the room, or smoking it in a tobacco-pipe.—*Philadelphia Medical Examiner*.

SAVIN IN MENORRHAGIA.

Some observations on the employment of the *Juniperus Sabina* in hæmorrhage from the uterus have been made by M. Aran, from which it would seem to be occasionally a powerful agent in checking these discharges. Much has been said on the properties of savin, as an emmenagogue, and on the effects of this drug in causing abortion, and considerable difference of opinion as to its powers and mode of action would seem to exist amongst competent authorities some of which have recently been referred to and quoted by Dr. Shapter, in this Journal. Several foreign authors, however, and among them, Wedekind Gunther, and Sauter, disregard altogether its supposed tendency to cause uterine hæmorrhage, and on the contrary recommend its use in cases of this description.

M. Sauter says, that savin is one of the most powerful curative means, not only in menorrhagia, and other diseases in the non-parturient, designated by the terms atony, asthenia, debility, defect of contractility or cohesive force, but also in those hæmorrhages which threaten abortion, occurring in pregnant women, who, from debility, have already had several miscarriages. He states that in these cases he has given the powder of savin, in doses of from 15 to 20 grains, three times a day, during three, four, and five months, and that he has in this manner frequently succeeded in arresting the hæmorrhage and preventing abortion, the infants being born healthy at the full period.

The following cases, among others, are mentioned by M. Aran:—

A worker in embroidery, aged 33, under the care of

M. Gendrin, at the Hotel Dieu, had been recently delivered of a child, and since her confinement had suffered from attacks of menorrhagia returning at irregular intervals. She was much weakened and her general health had begun to deteriorate. The neck of the uterus was neither swollen nor painful; but a soft elastic circumscribed tumour could be felt projecting before the anterior fold of the vagina. Powdered savin was administered, and in two days the hæmorrhage ceased, and the uterus was restored to its healthy condition.

A woman aged 28, also a patient of M. Gendrin, had suffered from menorrhagia for eight months, almost continually, but without uterine disease. Savin was administered, and on the third day the hæmorrhage was arrested. About six weeks afterwards it returned; the uterus was now somewhat swollen, and sensitive to the touch. She was bled from the arm, and the savin again given. The hæmorrhage immediately ceased.

A lady, of a bilious-sanguine temperament, and robust constitution, was attacked with menorrhagia after a fatiguing walk. The hæmorrhage was neglected, and had lasted for three days, when M. Aran was called in. He found her in bed, with the countenance excited, the mouth dry, and complaining of urgent thirst, and of dragging pains in the hypogastric region, which was tender on pressure; the hæmorrhage still continuing, although not very copious. The horizontal position, cold to the hypogastrium, and a bleeding from the arm, were ordered. The bleeding was followed by great relief, the menorrhagia was stopped, and the patient, thinking herself cured, returned to her avocation. The same evening the hæmorrhage re-appeared; bleeding could not be again had recourse to, and one gramme and a quarter of savin was immediately given in three doses. On the following day the menorrhagia had completely ceased; and, notwithstanding that the patient would not remain in bed, did not again appear.

A young married lady, a blonde and of lymphatic temperament, was attacked at the catamenial period with profuse hæmorrhage, which continued for eight days. M. Aran found her with no symptoms of deranged health, with the exception that she was somewhat pale. Three doses of savin, of forty centigrammes each, were administered at intervals of two hours. The following day the hæmorrhage had almost ceased, and another dose of the savin entirely put a stop to it.—*Gazette Medicale.*

CRURAL HERNIA.

A case of crural hernia has been successfully operated upon after twenty-nine days strangulation, by M. Steinbrenner. The tumour was of a livid red colour, and there had been frequent vomitings, constipation, and griping pains during the whole period; the debility was extreme. When the loop of intestine was exposed, it appeared of a deep brown-red colour, without a trace of gangrene; and after being freed, was easily reduced. Two hours afterwards the bowels were relieved; the symptoms subsided, and a rapid cure was obtained.—*Journal des Connaissances Medico-Chirurgicales.*

DEATH AFTER A BLOW ON THE HEAD. DISINTERMENT OF THE BODY.—INQUEST.

The following case, which we condense from the *Halifax Guardian*, is interesting on account of the slight marks of injury discovered on examination of the body, and the difficulty experienced by the medical witnesses in accounting for the fatal result. The evidence as to the infliction of the blow was decisive, we shall therefore content ourselves with giving a brief statement of the facts, the evidence of the father of the boy, and that of the medical witnesses:—

It appears that on Saturday, May 4th, John Barraclough, a little factory worker, eleven years old, was playing along with some other boys, about the same age, in a field near Orenden, when they were perceived by a man named Helliwell, who ran after them, and catching Barraclough, felled the poor little fellow with a hedge-stake! The man then ran away. Barraclough died on the Monday following, and was duly interred. The matter, however, got noised abroad, and an inquest was subsequently held upon the body, which was disinterred for the purpose of a post-mortem examination.

After the examination of witnesses who proved the giving of the blow by the man Helliwell, John Barraclough father, of the deceased, was called, and stated, that he lived at Lady Ship, and worked at Mr. Bodd's mill. On Saturday afternoon week, deceased was very ill, and left his work on that account; he went to bed about four, and got up about Sunday noon, when he was better: could not say deceased was not playing on Sunday afternoon in the Shropps;* he went to bed at dark. On Monday morning deceased was worse, complained of being thirsty, and wanted something to drink; they thought he had got cold, as on the Saturday he had gone to the mill without stockings; they gave him some castor oil, and he vomited several times. Was going for a doctor, but the neighbours said that as he had vomited he would be better. About half-past eight he began to breathe shorter, and he died at half-past ten.

Frederick Hoskin Tucker, of Halifax, surgeon, stated that he had made a post-mortem examination of the body of the deceased. On the left side of the back part of the head he found, on shaving off the hair, evident marks of blows; on removing the scalp there was a slight effusion of blood beneath the marks; on removing the skull cap, beneath the membranes, there was a slight effusion of coagulated blood, and corresponding with the outward mark. The marks were contusions which would be caused by a stick or any blunt instrument, and would not require great violence. It had evidently been a smart blow, but not a violent one. The rest of the brain and head was healthy. The inflammation about the effusion was very slight: the chest and bowels were quite healthy. The deceased had died from the slight effusion and inflammation which he had described. With proper medical treatment deceased might have recovered. Witness never inspected a body where there was so slight an injury to account for death.

James Inglis, M.D., of Halifax, stated that he had

* It had been given in evidence by one of the other witnesses, that the poor boy had been out with him on Sunday afternoon.

assisted Mr. Tucker in his post-mortem examination. On removing the hair there appeared a slight red mark on the left side of the back part of the head; there was also an indistinct one near it; on the right side there was no mark. On removing the scalp he found immediately beneath the marks an effusion of dark blood, which effusion did not exist on the right side. On removing the skull-cap no marks of violence could be discovered; the brain was quite natural, except so far as might arise from the gravitation of the blood from natural causes. On opening the chest, the heart and lungs were found to be quite healthy; the viscera of the abdomen were also healthy. Could not say what was the cause of death; the appearances were not sufficient. If death had occurred from the injury on the head there would have been some similar mark on the brain. A shock of the nervous system might have caused death, but he could not positively say that such was the case.

Mrs. Barraclough, mother of the deceased, stated that on the Saturday in question deceased complained of his head, but he went to his work. On his return before the mill closed, he was "mazy," and complained. The evidence of this witness was similar to that of her husband.

At the conclusion of the evidence, the Jury remained in consultation some time before they could agree upon their verdict. Eventually, a verdict was returned to the following effect—Whether the deceased, John Barraclough, died from natural causes, or from violence, there is no sufficient legal evidence to determine.

SYDENHAM SOCIETY.

NEW EDITION OF LOUIS ON PHTHISIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you oblige me by inserting the following statement.

Yours obediently,

CHARLES COWAN.

Reading, June 11, 1844.

It is now nine years since I published and edited with extensive additions, a Translation of Louis on Phthisis, and in a manner which then elicited the strongest approbation of the periodical press. During the past winter I was asked by some leading members of the Sydenham Society, whether it was my intention to print M. Louis's second edition, or whether I would undertake it for the Society?

In reply, I stated, that having to prepare the Retrospective Address, with other engagements, I could not promise to complete a translation before late in the summer, but if the Society was anxious for an earlier period of publication, I should not oppose a selfish barrier to the work being entrusted to any other individual.

In Professor Walshe's Translation just published, not the slightest reference is made to the preceding facts, nor is the existence of an English Translation of the first edition even distantly alluded to.

Is this just? Is it consistent with either Literary or Professional courtesy or candour?

MEDICAL RELIEF COMMITTEE.

We have the authority of Lord Ashley, Chairman of the Committee, for stating that any Medical Gentlemen who, from their own *personal observation*, can prove that the poor do not receive proper medical assistance under the provisions of the existing law, may be heard before the Committee. An application, in the first instance, should be made, by letter, to Lord Ashley.—*Lancet*.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 31st, 1844:—J. J. Renwick; T. Shaw; C. Martin; J. T. Carr; E. Gibson; J. Allison; T. W. Christie; T. Cahalan; A. Clark; J. Bryson; W. L. Dickinson; H. S. R. Pearce.

Admitted Monday, June 3.—R. E. Ellis; J. Hardwick; R. E. Semper; J. G. Defrier; J. L. Williams; J. McCulloch; C. Brookes; W. Cholmeley; E. Crichmay.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

As the twelfth volume of the Transactions has now been issued to the Members of the Association, and the time for making up the annual statement of accounts approaches, those gentlemen who have not yet paid their subscriptions, are requested to pay the amount due, either to the local Secretary or Collector of the district in which they reside; to the Treasurer or Secretary of the Association, by post-office order; or through the medium of their own bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Provincial Medical and Surgical Association.

SOUTH-WESTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The annual meeting of the South-Western Branch of the Association, is appointed to be held at the Athenæum, Plymouth, on Tuesday, the 18th inst. Any communications connected with the meeting should be made to the President-elect, Dr. Cookworthy, Plymouth, or to the Secretary, Dr. Shapter, Exeter.

TO CORRESPONDENTS.

Communications have been received from Senex, Dr. W. Arnold, and Mr. J. Harrinson.

Ambidexter. We have been prevented by the pressure of other matter from inserting the letter of our correspondent. Anonymous communications must always give place to those which are authenticated by the signature of the writer.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL

OBSERVATIONS ON THE TREATMENT OF PUERPERAL CONVULSIONS.

By ROBERT STORRS, Esq., Surgeon, Doncaster.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Like many of your readers I was surprised to find that the case of puerperal convulsions followed by ptyalism, related by Mr. Druitt, in one of your previous numbers, with so much candour and honesty, had been made the subject of such severe and unmerited strictures by Dr. North Arnold, in a letter at variance with all the principles of practice of the highest authorities in this disease. However, as he has already been replied to by Mr. Druitt, I do not feel called upon to enter the lists with him; but if I shall not be trespassing too much upon your pages, and on the patience of your readers, I will give you as succinctly as possible the details of a few cases of the disease in question, of which I have taken notes at the time, more or less imperfect, as my own leisure permitted, or the severity of the case suggested.

The cases are generally illustrative of the practice recommended by our greatest obstetricians, that of doing all we can as promptly as possible for the removal of the severe congestion, or local plethora, on which the disease generally depends; but at the same time such modifications of this practice as the circumstances of the case suggested were also adopted, and the quantity of blood removed depended on the strength of the pulse, the condition of the patient previous to the attack, and on her temperament and supposed power of endurance of so energetic a remedy.

I am quite of opinion that, in some instances, from fear on the part of the young practitioner, the force of high authority on his mind, and the want of time for mature reflection, the practice of depletion is occasionally carried to such an extent that the very circumstance of which we are so much in dread, namely, serous effusion on the brain, is endangered by an excess in the application of the remedy we are so anxiously using for its prevention; and if such effusion does not take place on the brain, other large serous cavities may be thus affected, by the combined effects on the nervous and vascular systems of so sudden a removal of the vital fluid on which their energy and the maintenance of their functions depend. I must say I am also seriously opposed to such large doses of mercurials as are often given in this and other sudden cases, and I consider the case related by Mr. Druitt, and the one more lately mentioned by

Mr. Cox, bear strong testimony to the imprudence of such practice in showing the frequency of susceptibility. Those high practitioners who probably never see their patients again after they have treated them, may not probably feel the force of this remark, but those who are in the daily habit of meeting their old patients will often find, that they suffer merited opprobrium, for any carelessness or excess in practice of which they may have been guilty, and no practical errors are more lasting in their effects than those which arise from the undue administration of calomel.

It is with no envious feeling that the practitioner hears his patients remark, that their teeth have entirely failed them since last under his treatment for such and such a disorder; besides the more untoward scrapes which salivation gets him (the practitioner) into. I believe, in by far the majority of cases of this awful disease, you have not time for any other action of this powerful remedy to be produced than its purgative one, and that it is only in cases of a more protracted nature where it can avail, either in promoting absorption, or in preventing deposition. The dose exhibited in the case related by Mr. Druitt was one many are accustomed to exceed over and over again, and the unfortunate circumstances in this case could only arise from peculiar idiosyncrasy, increased on the other hand by the depletion the patient underwent. But were we to entertain the extreme opinions of this remedy Dr. Arnold would have us to do, we had better at once discard so unmanageable an agent from our practice.

There is another point on which practitioners differ much, viz., whether opiates should be exhibited in any stage of this disease or not. For my own part, I am decidedly of opinion that an opiate is of service where you have done all you can previously, by depletion, to relieve the excessive congestion of the brain, and have had the bowels freely emptied; and where you would not be justified in carrying depletion farther, where the pulse has become soft, feeble, and frequent, the countenance pallid, and where there is great restlessness and nervous irritability. In these instances an opiate (Battley's Tincture) is highly serviceable in quieting the circulation, as well as the nervous disturbance, and consequently in preventing a return of the convulsions; but I would by no means recommend it until bleeding has been resorted to. The first time I gave it was on the suggestion of my friend Dr. Scholfield, and it then more than answered our expectations.

There are, undoubtedly, some cases of convulsions occurring in the puerperal state from flooding, or from the exhaustion of previous inanition, where

bleeding would of course be decidedly hurtful. Those cases arising from flooding, the young practitioner would most probably be in no doubt about, but in those from inanition or from debility, he might be in some doubt; but the feeble state of the pulse, the pallid countenance, and the absence of the usual signs of cerebral determination, and more than all, the rare occurrence of the fit, would soon satisfy him that it was more necessary to husband the strength of his patient than to destroy it.

Practitioners differ greatly as to the propriety of interference in labour in these cases, for my own part I have always avoided in the early stages of it anything farther than gentle dilatation of the os uteri, which I have generally found sufficient; but in some others, in a more advanced stage, I have applied gentle pressure over the abdomen by means of the elastic shawl bandage, and exhibited the ergot of rye. In one case only have I thought it necessary to use the forceps. It was one in which labour was considerably advanced; dilatation of the os uteri had been long completed; the head was resting on the soft parts during the pains, which were becoming less frequent, and, from the frequency and severity of the convulsions, there was no time to be lost. Delivery was easily accomplished, but the patient died from recurrence of the fits. I will now, however, relate those cases of which I have taken notes.

CASE I.

On the morning of the 17th of March, 1834, I was sent for to Mrs. S—, of Sprotbrough, aged 36, who had been seized with a severe convulsion. I found her just recovering from an attack, and scarcely conscious. I had never seen her but once before, when spoken to to attend her, and was scarcely aware of her previous condition. She was pregnant of her first child, had considerable œdema of the hands and feet, a full labouring pulse, and a turgid countenance. I bled her freely, and gave her six grains of calomel and six of jalap immediately; ordered the hair to be cut off, cold stupes applied to the head, and sinapisms to the feet. The blood—about eighteen ounces—was buffy. There were no indications of labour. In a few hours I saw her again, and as she had had several more convulsions I again bled her to about the same extent. There were now some indications of approaching labour, and on examination I found the os uteri about the size of a sixpence. Some hours afterwards my friend, the late Mr. Branson, saw her with me, and suggested the propriety of dilating the os uteri, and of endeavouring to assist labour. There was now an occasional exclamation of "oh dear;" but she was otherwise totally unconscious. In about three hours the parts being lax, and the labour pains becoming gradually stronger, with the assistance of a shawl bandage labour was completed, and I hoped there would be no more convulsions, but she had one again in about an hour after delivery, and continued to have one every hour for some hours afterwards. The bowels were freely moved, the head was still kept wet, and a dozen leeches were applied to the forehead, and a large blister to the nape of the neck. I remained with her during the night, and when I left her on the following morning she was completely unconscious; pulse ranging from 140 to 160; great delirium; the

œdema of the arms and legs still continued. She remained in this state about a week, with very little change; the bowels were kept freely open, salines with digitalis given at frequent intervals, and a large blister was applied over the scalp. There was then no secretion of milk whatever. At the end of a fortnight she had regained more consciousness, and the pulse had considerably abated in frequency, but she was more than three weeks before she could be made to understand that she had had a child, and that the child shown her was her own. The secretion of milk was gradually produced; and in about a month she had perfectly recovered.

CASE II.

In the early part of the winter of 1834-5 I was sent for one evening to Ashsey, to meet the late Mr. Raeburn, in consultation on the case of a poor woman who had been in labour during the whole day, and had fallen into convulsions, from which she had remained insensible. I found her, just recovering from a severe convulsion, totally insensible, the eyes fixed, the pupils dilated, but contracting on the approach of light; she was in a profuse perspiration, and her countenance much flushed. She did not seem to have any labour pains, except that she now and then moaned a little. She could not swallow. I understood that she had had severe pain in her head from the commencement of the labour, and that towards evening she had a severe convulsion, after which she was bled. As the pulse seemed to admit of it, and the beating of the carotids was very strong, she was again bled to the amount, with the previous bleeding, of about forty ounces. She was a stout woman, about twenty four years of age, and it was her first child. On examination, we found the head low down in the pelvis and dilatation completed, the presentation natural. As no time was to be lost, and the pains abated, I advised the application of the forceps, which were easily introduced, and delivery speedily accomplished. She showed some slight signs of consciousness during the extraction of the child, and had a severe convulsion afterwards. After I left her she had several other convulsions, and died the next morning.

CASE III.

In the autumn of 1839 I was attending a fine young woman, a farmer's wife, at Loversall, of her first child, and the labour was progressing very properly, when very unexpectedly she was seized with a convulsion. As soon as the convulsion was over, and consciousness returning, I abstracted about ten ounces of blood, from which she became faint. She had no further convulsion, and the labour was completed in about an hour afterwards. She had a very good recovery.

CASE IV.

About this time I had been attending a poor woman in Doncaster, the mother of three previous children. She had been much neglected by her husband, and had depended a good deal on the charity of her neighbours for her maintenance. She had a good labour, and no flooding. I had scarcely left the house when she was seized with a severe convulsion, from which she had scarcely recovered when I returned. After the convulsion abated, I found the pulse soft and feeble, the countenance pale; and from her previous state of

anæmia, I determined to wait, and contented myself with giving her a cordial. Consciousness gradually returned, and she had no other fit.

CASE V.

In November, 1839, I was called to attend Mrs. W., of Sandall, of her third child. She had a tedious labour, and complained of being very sleepy during its progress, which I thought necessary to hasten with a dose or two of the ergot. As she had been bled a few days before for general plethora, I did not think it necessary again to abstract blood so soon, labour was completed without further difficulty, and I left her doing well. On the following morning I was sent for in great haste; a severe convulsion had come on, which had been rapidly succeeded by others, and I found her totally insensible. I immediately bled her to about twenty-five ounces, cut off her hair, applied cold water to the head, sinapisms to the feet; gave her six grains of calomel and six of jalap, followed by saline aperients, and afterwards applied a dozen leeches to the forehead, and a large blister between the shoulders. In the evening my friend, Dr. Scholfield, saw her with me, and as she had already been bled as far as we thought advisable, the pulse being about 108 and very soft, and the bowels freely acted upon by the medicine and a turpentine enema, the convulsions still recurring, at his suggestion, I ventured on twenty-five drops of Battley's Tincture, which, together with the previous remedies, had the happiest effect. She had no more convulsions, and consciousness was during the following day quite restored; and in a few days more she was quite convalescent.

CASE VI.

Mary Foster, aged 28, a small and feeble woman, was confined of her fifth child, December 28th, 1842, in the union-house; her labour was an easy one. She had been for some time before her admission suffering from severe privations, and had expressed herself as much dissatisfied with the confinement of the house, though she had improved upon its diet. She had complained of headache for some days previous to her labour. Early on the following morning she was seized with convulsions, which being at first thought to be hysterical, I was not sent for until the forenoon. I found her in a convulsion, and perfectly insensible when she recovered from it. This was quickly followed by others. Her pulse was 112, but soft, skin hot, countenance flushed; great throbbing of the carotids, and dilatation of the jugulars; eyes red; perfect insensibility and considerable stupor; after each fit the breathing stertorous; pupils of the eyes contracted. I ordered a dozen leeches to the forehead, the hair to be cut off, the head to be kept wet with cold stupes, mustard plasters to the feet and to the calves of the legs; afterwards, hot bottles, &c.; five grains of calomel were given, followed by castor oil; and when the bowels had been freely moved, a dose of sedative solution of opium, twenty-five drops, at bedtime. She was rather faint after the application of the leeches, which bled profusely, and she continued to have convulsions, during which the tongue and inside of the mouth were considerably bitten. She slept a good deal during the night, and had no fit after four o'clock in the morning. On the following day she was much better; seemed much more sensible, complained of

pain in the head, had a hot skin, and the pulse was 98, soft; had six more leeches applied, salines given, continued the cold applications, low diet; and from that time convalescence was progressive.

CASE VII.

Rebecca Bailey, a stout young woman, aged 22, was in the Union about five weeks before her confinement. She had been used to rural out-door labour previous to her admission, and was unwell with headache in consequence of her confinement. She had an ordinary labour on the morning of the 13th of January, 1843. She had a severe convulsion during the forenoon, and when I saw her I found her falling into another. When she recovered from it she showed but a slight degree of consciousness; had pain in the head; throbbing of the carotids; face flushed; conjunctiva red; pupils contracted; pulse 96, full and strong; skin hot; tongue somewhat coated and severely bitten. In a few minutes she had another convulsion, after which she entirely lost all consciousness for some time. When in this state the whole of her hair was cut off, mustard plasters were applied to the feet and to the scrobiculus cordis, and cold water to the head. She was bled to eighteen ounces, which relieved the tone of the pulse considerably; eight leeches were applied during the evening to the forehead, and a blister to the nape of the neck. Calomel, six grains, with jalap, followed by castor oil, was given after the bleeding, and acted freely on the bowels before bed-time. At bed-time twenty-five drops of Battley's Tincture were given her. She had one or two more fits during the night, but on the following morning I found her with consciousness restored, a pulse of 90 and soft, with ability to answer the questions proposed to her, though with some difficulty of articulation. Salines were given; low diet ordered, with a continuance of the cold applications to the head, and perfect quiet; and on the following day she was convalescent.

CASE VIII.

Martha Rowbottom, aged 22, a very fat little woman, married, but a vagrant, had a severe labour on Good Friday, 1843, at the Union. The labour was protracted in consequence of the rigidity of the soft parts; the head remaining with a small portion of the occiput projecting from the os externum for a considerable time. A severe attack of convulsions occurred at night. She was bled very freely, and the labour attempted to be expedited by means of the pressure of shawl bandage during the pains, and the exhibition of the ergot, and delivery was very soon accomplished. About an hour after delivery she had another severe convulsion. Her hair was then cut off, heat applied to the feet and cold to the head, and she had no return. She was afterwards obliged to have her urine drawn off about twice a day for some time; but had, on the whole, a very good recovery.

CASE IX.

A few days after the seizure of the last case, the following one occurred also in the Union, but in quite another part of the building, and I was not aware that she knew of the occurrence of convulsions in the previous case.

Maria Guest, a stout good looking girl, aged 19, of a strumous appearance, was in labour of her first, a natural child, during the progress of which she was

very irritable. All was proceeding well and without any difficulty, when she was seized with a severe convulsion almost at the close of labour. She was immediately and freely bled, but had several more convulsions before labour was completed. She had some flooding during the passage of the placenta, and appeared, from her blanched countenance and reduced pulse, to have lost as much blood as she could well bear. The whole of her hair was cut off, cold wet cloths were applied to the head, and heat to the feet, and as the convulsions still continued, eight leeches were applied to the forehead, followed by an opiate. Pulse 116, neither strong nor full. Calomel and powdered jalap, six grains of each, were given afterwards. She remained quiet for some hours after the opiate, but towards morning she had several more convulsions, during which she had bitten the tongue so severely, in spite of all endeavours to prevent it, that its swollen state became a hindrance both to deglutition and articulation. Turpentine enemata were given, eight more leeches applied to the forehead, and sinapisms to the feet and epigastrium, but she sank during the afternoon of that day, I thought, as much from the effects of the swollen tongue on the breathing and deglutition, as from effusion on the brain. It is somewhat remarkable that the mother of this young woman also died from puerperal convulsions.

The four preceding cases, all occurring in the Union House, out of a total of 59, or 1 in 15, I was induced to send a letter of enquiry to the Provincial Medical and Surgical Journal, to ascertain if such results had occurred to the medical officers of Union Houses. An answer was returned by Mr. Rose, of Swaffham, who had had a somewhat similar amount in his Union House, viz., 1 in 16. We both seem to attribute this high proportion to the state of mind of the parties lying-in in these houses, and to the want of exercise and change of diet which the rules require; and I think it is also probable that a knowledge of such a case having previously occurred, is also likely to assist in producing terror, excitement, and irritation.

Whatever errors the medical public discover in the treatment of the foregoing cases, I shall be glad to have commented on, as my only wish is to promulgate what is good and useful in practice, having no favourite theory to support.

They were severally treated according to their respective indications, after as full a consideration of the condition of each patient, and the promptitude required in the application of remedies in so awful a disease would allow, and, excepting the last case, had all a fortunate result, and so far justified the means pursued. I think they also go far to prove that the exhibition of repeated ten-grain doses of calomel is not necessary in this disease, and that with regard to bleeding, immediate and continued attention should be paid to the effects of so powerful, and if misapplied, so dangerous a remedy.

In excuse for this long trespass on your valuable space, I have only to add, that my observations are meant for those who have not seen much of the disease; those who have, may probably have gained more by their previous experience than I have done.

I am, Sir, yours respectfully,

ROBERT STORRS.

Doncaster, June 1, 1844.

A CASE OF PUERPERAL CONVULSIONS OCCURRING IN CONNEXION WITH CERTAIN PREMONITORY SIGNS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you do me the favour to insert the following case of puerperal convulsions amongst the interesting ones that have recently appeared in your valuable Journal.

I am, Sir,

Your most obedient servant,

N. B. FISHER.

Bungay, May 27, 1844.

Mrs. F., aged 26, of a delicate, strumous constitution, was delivered on the 23rd of April, at nine a.m., after a short, easy labour, of a full-grown child. She had suffered much from œdema and pain in the head; and had miscarried three times before; and this was the first time she had completed the term of utero-gestation. Her left lower limb had been very much swelled, and the dropsical effusion extended all up the trunk to the shoulder and left side of the neck. The head had been painful, attended with giddiness. At five, p.m., of the same day I was hurried to the house and found my patient with frightful contortions of the body from puerperal convulsions. She was foaming at the mouth, her face horribly distorted and pallid, extremities cold, and the pulse scarcely perceptible. The convulsions were soon calmed by cutting off the hair, and dashing cold water over the head and face, but after short intervals of coma they recurred, though with diminished force. My friend, Mr. Currie, joined with me in consultation, and after waiting half an hour re-action was sufficiently established to justify the abstraction of sixteen ounces of blood, which, with large turpentine enemata, mustard poultices to the feet, a blister to the nape of the neck, and cold affusion to the head, permanently removed the convulsions, and after she had lain comatose for two hours, she perfectly recovered her reason. In a few hours peritonitis came on, and as soon as it had abated, bronchitis supervened, both of which, however, were effectually cured by repeated blisters, and calomel and opium. From the time of delivery I kept up a copious diuresis with tincture of digitalis, nitrate of potass, and spirit of nitric æther, which speedily carried off the dropsical effusion. She quickly regained her health. I had no opportunity of examining the urine.

REMARKS.

The point of interest in this case is the presence of premonitory cerebral symptoms and œdema prior to delivery. It will be seen that the patient had complained of headach and vertigo, feeling sometimes as if she must fall headlong before her accouchement; and the œdema of the whole of the left side, including the lower extremity, had rendered her almost incapable of walking. The head demanded relief by general or topical bleeding and purgatives, but as the patient neglected to apply, nothing was done. Even the œdema, which, no doubt, was mainly caused by the pressure of the gravid uterus, might have been

increased by a serous diathesis, and perhaps, admitted of alleviation by diuretics, &c. Should further observation establish the co-existence of cerebral congestion and œdema with puerperal convulsions, they would appear to stand in the relation of cause and effect, and point to the important practical inference, that puerperal convulsions, so formidable in their nature, and so frightful to witness, are capable of *prevention* by the timely use of means, at once obviously indicated and efficient in application. It is also worthy of remark that the convulsions came on eight hours *after* delivery, an unusual occurrence, but the same thing happened to me in a patient ten years ago. Then the convulsions came on five hours *after* parturition. The patient speedily recovered after three large blood-lettings, &c.

My attention has been called to this particular view of the disease by an able report on the progress of midwifery and diseases of children, by Dr. West, in the last number of the British and Foreign Medical Review. The pathology of the disease there suggested is most interesting, and I cannot do better than conclude my communication with an extract from that report. I would recommend the numerous intelligent readers of the Provincial Medical and Surgical Journal to test the theory by rigid experience, and report faithfully thereon, and indeed, the foregoing case has been intended to be introductory to the quotation from that report, which, if true, must be of vital import. I will just observe, by way of parenthesis, as the subject of treatment has been rather warmly discussed in the recent numbers of this journal, that Dr. North Arnold seems to have been entertaining himself with his reflex theory of the disease and his *gentle* means, while his patient, I fear, has died for want of the lancet. For to use the words of Mr. Druitt, as truthful as they are graphic—"We may throw aside all fine-spun stories about sympathy; let us look merely at the turgid countenance and comatose aspect, and feel the hard labouring pulse, and there will be no doubt of the propriety of bleeding"—no more, I will add, than in ordinary apoplexy, a disease the most universally acknowledged to be under the control of bloodletting. The two patients under the disease I have referred to had both been delivered, and both had lost the usual quantity of blood from the uterus before being attacked; and yet both were bled freely, and doubtless most beneficially. One, too, was in a state approaching to asthenic plethora. As few exceptions, I will venture to say, will be found to the correctness of this practice, as in apoplexy, and I make no apology to Dr. Arnold for thus honestly expressing my opinion of his treatment, as *his* criticism of Mr. Druitt's case was with the avowed object of eliciting the sentiments of other practitioners.

Dr. Johns, assistant physician, at the Dublin Lying-in Hospital, calls attention* to the fact that puerperal convulsions never occur in labour without premonitory symptoms having existed during pregnancy. The most frequent symptoms are swelling, not limited to the lower extremities, but involving the hands, arms, and face.

If besides, there be headache, sense of weight or giddiness in the head, singing of the ears, or temporary loss of vision, or severe pain of the stomach, with

flushings of the face, the risk of convulsions is considerable. This risk amounts to almost absolute certainty if the woman be pregnant for the first time, or have suffered similarly in former pregnancies, if she be full and plethoric, and if the presentation of the child should be a natural one. He gives full statistical details to show the liability of *primipara* to convulsions, and also to prove the more frequent occurrence of convulsions in cases where the presentation is natural. Dr. Lever* notices the frequent connexion of an albuminous state of the urine with puerperal convulsions, and suggests that congestion of the kidney from pressure of the gravid uterus on the renal veins is its probable cause. He grounds his opinion on the circumstance, that in nine out of ten cases of puerperal convulsions in which the urine was examined, it was found to contain albumen; a condition which is shown not to be generally incidental to parturient women by the fact, that the urine of fifty women in labour was examined without a trace of albumen being discovered, except in one or two who had shown premonitory symptoms of convulsions. To this albuminous state of the urine he is disposed to refer the œdema of the face and extremities, which has been noticed by various writers as premonitory of puerperal convulsions, and indicating the employment of most active antiphlogistic measures. A similar opinion has been expressed by Dr. Simpson,† who states, that for the past two years he has been accustomed to teach his class "that patients attacked with puerperal convulsions had almost invariably albuminous urine, and some accompanying or rather preceding dropsical complication, and hence, probably, renal disease;" and in one instance he had the opportunity of confirming his supposition by a post-mortem examination. Somewhat connected with these inquiries is the paper of M. Lasserre,‡ on Metastatic Serous Congestions in women recently delivered. He notices the œdema of the extremities which often exists in pregnant women, owing in part to, what he terms, a serous diathesis; but still more to the mechanical obstacle to the return of blood from the lower parts, caused by the pressure of the gravid uterus. After delivery this obstacle is removed, and the œdema disappears, often very rapidly. When the œdema has been very considerable, and its subsequent removal rapid, the sudden introduction of a large quantity of serum into the circulation gives rise to a true serous plethora, which is characterized by a full and hard pulse, and considerable constitutional disturbance. In most cases the absorption of serum does not go on very rapidly until after the secretion of milk has been established; and the latter function seems to counteract any tendency to constitutional disturbance which the former process may have given rise to, or arrests it before it becomes serious. He relates instances to illustrate this; in one of which cerebral symptoms subsided, so soon as a copious secretion of milk was established, while at the same time the urine became albuminous, and greatly increased in quantity."

* Guy's Hospital Reports, Oct., 1843.

† London and Edinburgh Monthly Journal, Nov. 1843, p. 1015, note.

‡ Gazette Medicale, Nov. 25 and Dec. 2, 1843.

* Dublin Medical Journal, Sept., 1843.

CASE OF SPINA BIFIDA UNSUCCESSFULLY TREATED BY EXCISION AND THE TWISTED SUTURE.

By THOMAS DORRINGTON, Esq., Surgeon to the Manchester and Salford Lying-in Hospital.

In the twelfth volume of the British and Foreign Medical Review, p. 546, there is a notice of a new method of treating spina bifida, by M. Dubourg, extracted from the Gazette Médicale de Paris, for July 31, 1841, and two successful cases are reported, to illustrate it. So fatal is this malformation under the ordinary modes of treatment, that any new plan that has been attended with success, is deserving of trial; and I accordingly determined to adopt M. Dubourg's method in the first case that I met with, in which there seemed any probability of its succeeding. Since I made this determination, I have met with several cases of this affection, but none of them seemed suited for the operation, owing to the great width of the bases of the tumours, excepting the one which is the subject of this communication. Although my attempt was unsuccessful, I think it desirable that I should record it, since the value of new modes of treatment can be ascertained only by the honest publication of our failures as well as our successes.

On the 26th of April, 1844, I was consulted respecting Mrs. B.'s child, who was the subject of a spina bifida. It was a small female infant, and had been born early in the morning; it was apparently healthy in other respects, and there was neither paralysis of the arms, legs, nor sphincters of the bladder or rectum. The tumour was situated over the upper dorsal vertebrae, and was pediculated, being about two inches and a half in circumference at its base, and double that measurement at its largest part. The integuments were prolonged on to it for more than half an inch, and the bladder-like membrane, of the usual purple colour, which covered the most distant part of the tumour, was already in a state of ulceration.

April 27th. I punctured the swelling a little below the edge of the prolonged integuments with a very fine trocar, of about the calibre of a stocking needle, but the puncture being too small to let off any fluid, was enlarged with a fine-pointed bistoury. About half a drachm of very yellow serous fluid then escaped *guttatim*, and by gently squeezing the tumour, a little more followed. It occurred to my mind, that I could not have penetrated the sac connected with the theca vertebralis, otherwise more fluid would have come away, and that more rapidly, and the part would have been more collapsed than it was. I dressed the ulcerated surface with common adhesive plaster, and fastened a compress of lint upon this, by means of straps of the same material. The child bore the operation very well, not seeming to suffer pain except during the time of the punctures.

This operation was repeated on the 28th, and again on the 30th instant, and by this time the size of the sac had diminished nearly one half, but the ulceration of the thin membranous covering had continued, and the parts now began to assume a greyish-white sloughy look.

May 2nd. My friend and colleague, Mr. Hunt, saw the case with me to-day, and agreed with me in opinion that the case was a favourable one for M.

Dubourg's operation, and that it should be performed at once, before the sac was laid open by sloughing of its coverings, which seemed likely enough to take place in a very short time.

I took the tumour in my left hand, and putting it on the stretch, shaved it off with a sharp scalpel at its base, exactly on a level with the general integuments. Owing to the yielding nature of the tumour, I found that I had left a small portion of the integument, forming the parietes of the sac, on the side nearest to me, which I now removed with a pair of knife-bladed scissors. I now fully expected to see the spinal canal laid open, as Dubourg describes it to have been in his cases; this however, was not the case, for the surface which presented itself simply consisted of a quantity of cellular tissue, infiltrated with gelatinous serum, on a level with the general surface of the skin. The tumour that I had just removed presented a surface exactly corresponding in appearance with this, though when examined with the finger, there were perceptible in its centre several small bodies that felt cartilaginous. There was a pretty free hæmorrhage, which proceeded chiefly from the vessels at the border of the wound close to the common integuments. Its edges were now approximated as nearly as possible by means of two of Liston's hare-lip pins, and the twisted suture applied, on which the hæmorrhage ceased. The parts were then covered with straps of transparent plaster. The length of the wound was about three-quarters of an inch, and its width about five-eighths of an inch. The child cried a good deal during the operation, but as soon as the wound was dressed, became quiet, and took the breast freely.

May 4th. I removed the dressings to-day, and after sponging them gently, re-applied the plaster. As far as could be seen the parts looked well; there was a slight blush on the integuments round the wound. The child has been very well since the operation, and as quiet as before. It looks rather pale, and has the yellow tint of skin that is common at its age.

May 6th. I dressed the parts again to-day, and found that the pins had ulcerated out, and the edges of the wound had not united by the first intention. The surface of the wound looked nearly, if not quite, as large as immediately after the operation, and was covered with yellow dead cellular tissue; suppuration was also going on. The child had been uneasy for the last twelve hours. To-day I dressed the parts with straps of adhesive plaster, crossed in different directions, over these spread lint and above all a roller.

May 7th. I dressed the wound again to day; it looked much the same as yesterday, but there was some appearance of granulation on one or two parts of the surface. The child, since about five o'clock yesterday afternoon, has been fretful, and has refused the breast; the bowels being constipated and the motions greenish. It has an expression of suffering about its mouth, looks feeble, and cries if moved.

Compound spirit of ammonia	12 minims.
Powdered rhubarb	12 grains.
Bi-carbonate of magnesia	16 grains.
Aniseed water	1 fluidounce.

A teaspoonful to be taken night and morning.

May 8th. Last night, the mother, in giving the medicine, put so much into its mouth at once, that

the child was nearly choked. Soon after it had a convulsion, and has had several since. The medicine has acted slightly, the motions being of a good colour, but rather slimy. It has taken a little of the breast milk from a spoon, but seems to have little appetite. It looks pale and fretful, and its face and limbs are frequently affected by convulsive twitchings. I dressed the wound to day, with spread lint next to it, putting straps of adhesive plaster, a compress, and a roller over it in succession. More granulations had appeared: there was still a good deal of yellow dead cellular tissue on the surface, and it suppurated freely. I ordered two drops of brandy to be given in a little sugar and water every two hours; the mixture to be repeated.

May 9th. Bowels are freely opened. There have been fewer convulsions to day, but they never seemed absent last night. The child looks less haggard in the face, and takes the breast milk from a spoon more freely. The wound looks much as it did yesterday, and I dressed it in the same manner. The brandy to be continued. Repeat the mixture.

May 10th. Constant convulsions—refuses nourishment—bowels not moved.

May 11th. Constant convulsions; tonic spasm of the lower extremities, the legs and feet being in a state of extension, and the legs crossed upon each other; meteorism; constipation; refuses food. I dressed the wound to day. It looks much as it did on the 9th inst.; there is a yellow membranous slough about its centre, which seems to me to be connected with the deep-seated parts. The rest of the wound looked healthy and was granulating. The child died in a convulsion, at 4, p.m.

AUTOPSY FORTY-THREE HOURS AFTER DEATH.

Permission having been obtained to examine the parts in the neighbourhood of the wound, an incision was made through the centre of this, down to the spinous processes of the vertebræ, extending about an inch above and an inch below the wound. When this was done it became apparent that the sloughy membrane alluded to in the note of the 11th, was the upper part of a membranous sac, about the size of a hazel nut, containing some pus. This sac was formed by a prolongation of the dura mater, lining the spinal canal, and was connected with this, by a small aperture that would contain the head of a large pin; and this connexion was situated in the spot usually occupied by the spinous process of the fourth dorsal vertebra, *which was the only spinous process that was wanting*. We now cut away two or three of the spinous processes above and below this point, and when this was done, and the blow-pipe inserted into the narrow aperture before mentioned, air could be very readily blown under the dura mater so as to distend it. A fine probe was now passed into this opening, and under the dura mater, which was divided upon it, with a pair of scissors, when a large quantity of well-formed pus issued from the part. This pus was evidently in considerable quantity, for when that which issued at the first gush was sponged away, it was soon replaced by more. When all the pus had escaped, the spinal chord was examined and found to be completely softened into a pulp, along the whole extent that we had laid bare. The arachnoid of the

spinal sheath was much inflamed. Where the vertebral arch and spinous process of the fourth dorsal vertebra was wanting, the spinal canal and chord were slightly curved in an angular manner, the convexity of the curve being directly backwards.

REMARKS.

The peculiar anatomical disposition of the constituent parts of the tumour, from the first rendered the success of the operation hopeless. The low state of vitality of the œdematous cellular tissue, on the surface of the wound and covering the sac, formed by a prolongation of the dura mater, inevitably caused the part to slough, and thus prevented *union by the first intention*, on which the whole success of the proceedings depends. The structures connected with these tumours are so delicately organized, that they are incapable of bearing the process of union by granulation with impunity, for the degree of inflammation necessary for this is so considerable, that the extension of it into the spinal canal, which is sure to occur, must necessarily be fatal. The nature of the external coverings of the sac, in cases of spina bifida, differs materially in different examples of the disease. In some the tumour is covered with healthy integument, in other cases with atrophied pellucid integument; and the parts between the external envelope and the sac, generally consist of layers of cellular and adipose tissue, one or both, more or less thick. In some cases again the cellular tissue between the sac and the external coverings is extremely abundant, and infiltrated with serum. In Dubourg's cases, it is probable that the coverings of the sac were of the former kind, for he speaks of being able to pass his finger into the spinal canal after the removal of the tumour, which proves that he had cut away the bulk of the sac; and the facility with which union by first intention occurred, further proves that the edges of integument, which were approximated by the twisted suture, were in a healthy condition. The case above recorded is evidence to show, that it is not the *size* of the base of the tumour *alone* which must determine the propriety or impropriety of Dubourg's operation. If any œdematous cellular tissue intervenes between the sac and its external coverings, the operation should not be attempted. The diagnosis of this circumstance is easily made, by puncturing the tumour. If its fluid contents escape readily in a stream and it collapses, the case is fit for the operation; but if on the contrary they exude drop by drop, and with difficulty, we may be sure that the fluid comes from the œdematous cellular tissue outside the sac, and the operation should be abandoned.

In any case, Dubourg's method is a desperate remedy; and can be considered justifiable only when the surface of the tumour shows evidences of the commencement of sloughing. Several instances of cure being on record, where puncture and compression have been employed, one would always feel disposed to give that method a trial before resorting to the plan I adopted in the above case; but when the tumour shows a white or ashy surface, the case will soon terminate fatally if left to itself; and then few, I think, would hesitate to give it the slight chance afforded by Dubourg's operation.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 19, 1844.

The subjoined statement of the principles of Medical Reform, recognized by the Provincial Medical and Surgical Association, has been forwarded, by order of the Council, to every Member of the House of Commons. It will be found to be in effect a summary of the principles which have, from time to time, been advocated and recognized in the reports of the Reform Committees, and confirmed at various general meetings of the Association. The statement is now published here, in order that the Members of the Association may be made acquainted with the course pursued by the Council in relation to this important subject.

Any comment on this document from us is uncalled for, and would be out of place. It is only necessary to observe that similar principles have been adopted by the North of England and other Medical Associations; and that the statement itself, in its present form, has been sent to the officers of the District Branches of the Association; and that in no instance has there been any intimation given of a difference of opinion in respect to it.

STATEMENT OF THE PRINCIPLES RECOGNIZED BY THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AS THOSE ON WHICH ANY MEASURE FOR THE REFORM OR RE-CONSTITUTION OF THE MEDICAL PROFESSION SHOULD BE BASED.

The subject of a reform or re-constitution of the medical institutions of the country, possesses a claim to the attention of the Legislature, on account of the vast importance which it is to the general welfare that a well-educated body of men, thoroughly competent to undertake the management of disease, should be provided.

It is scarcely necessary to urge the importance of health to the community. Independently of the personal and family suffering which a deviation from this state entails, the whole subject of the sanitary relations of the country is worthy of deep consideration, on account of the loss experienced by the public from the inefficiency of that portion of the population labouring under sickness, the charge to which the public funds become liable for the support of a large portion of the sick and their families, and the pauperising influence which severe or long-continued ailments exercise upon

great numbers of the operative, that is, of the productive classes of the population.

Various diseases require much and accurate knowledge for the detection of their nature, and for the adaptation of the most appropriate treatment; and unless the diseased condition is actually detected, the precise deviation from health ascertained, and the most efficacious method of cure had recourse to, not only will there be much loss of time, in the aggregate, to the sick and to the state, but also the great risk of permanent injury to the health and strength, and consequently, where heads of families are the sufferers, of permanent expense to the community.

No one would knowingly confide the repair of a delicate piece of machinery to the hands of an ignorant or unskilful mechanic; neither should the management of that most elaborate and delicate of all machines, the human body, when its powers are impaired or its structure is injured, be confided to any but those whose competence for the task has been fully inquired into and tested. On the supposition that only one day's work is, on the average, annually lost to each individual inhabitant of this kingdom from the want of proper qualification in the medical attendants, the aggregate loss of time would amount to above 2,733 years for each million of the population; and estimating the average value of that time at 1s. 6d. per day, the aggregate annual loss to the adult working population alone could not be less than £500,000 in money, and, in productiveness, an amount which it is impossible to estimate.

The expediency of providing by legislative enactment for the public health, through the medium of efficiently qualified medical practitioners, has been long recognised. The preceding statement will show the necessity which there exists that the amount and value of the qualification should be carefully fixed and rigidly tested.

The call now made for legislative interference arises out of the anomalous state into which the medical profession throughout her Majesty's dominions has, from various causes, been thrown. The separate and distinct political jurisdictions into which this country was at one period divided, and the necessity felt from time to time for providing for special wants, have led to the formation of numerous medical incorporations and establishments.

The right of conferring diplomas and licenses to practise medicine has been granted to these institutions at different times and under different circumstances, as occasion seemed to call for; and, as a natural consequence, the several licenses have legal authority of various extent, both as to the precise locality in which they are held to be valid, and as to the amount of qualification required in those

who hold them. Some are of effect, or held to be of effect, in one portion only of her Majesty's dominions; others extend throughout the kingdom and its dependencies, while it is doubtful whether others confer any legal authority whatever to practise the art of medicine in any of its branches. Again, some of these licenses confer the right to practise in one department of medicine only, while in no two of the several institutions from which the licenses are derived do the nature and amount of qualification required from the candidates correspond; yet the principles on which the practice as well as the science of medicine rests, are the same wherever disease occurs.

Medicine, as a science, is one and indivisible; and though, for purposes of convenience, and to provide for the attainment of higher degrees of excellence, it is desirable that provision should be made for allowing individual practitioners to devote their chief attention to the cultivation of practical skill in one or other of its departments, the great majority of those who are called upon to treat disease among the public at large, must be neither exclusively physicians, exclusively surgeons, nor exclusively accoucheurs. They ought to be well-grounded in, and sufficiently acquainted with, the practical management both of internal and external diseases, and qualified to give efficient aid in case of accident, and to undertake the charge of females during pregnancy and labour.

This principle is recognised and acted upon in all departments of the public service. The union medical officer is required to produce his license to practice medicine, surgery, and pharmacy. The army and navy medical officers are expected to understand and to treat medical as well as surgical cases. It is, therefore, fitting that the principle should be carried out, and that all who are to be licensed to practise medicine should be required to study, and to produce evidence of having studied medicine as a whole—that such a course of study should be marked out as shall provide for sufficient qualification in every department—that the minimum amount of such qualification to be required should be fixed and uniform—and that it should be tested by an efficient, and, as far as practicable, uniform system of examination. Upon these requirements being satisfactorily complied with, and not till then, the license to practise medicine in each and all its branches should be granted.

It has been stated that the licenses to practise, as at present granted by different licensing bodies, are understood to be of more or less limited, and some of them of very confined, extent; but if the preceding requirements as to qualification, be complied with, there can be no sufficient reason why the license to practise, granted in consequence, should not be valid, and extend throughout the

whole of her Majesty's dominions. The requisite qualification having been attained, tested, and certified, the possessor of such qualification ought to be allowed, and received as eligible, to practise either in England, Scotland, Ireland, or the colonies, in the metropolis, or the provinces, wherever his inclination or convenience may induce him to take up his abode. So that the practitioner of medicine possesses the requisite amount of knowledge, it matters not where he has attained it; and his qualification being ascertained and legally certified, no further restraint, calculated to favour this or that collegiate establishment, school, or corporate body, should be placed upon him.

But if it be of importance to the general community that the licensed medical practitioner should be competently qualified for the practice of his profession in all its branches, it is at least of equal importance that all those persons attempting to practise medicine, whose competency has not been thus duly and legally tested and certified, should be prohibited from so doing, under sufficient and easily recovered penalties. The public ought to be protected from the mal-practices of ignorant and unqualified persons; and the medical practitioner, after having gone through a prescribed course of arduous study, and complied with all those requirements which the interests of the public demand, has acquired a right to such protection as the law can afford him in the exercise of those duties for which the law requires from him such special qualification.

It now only remains to point out that, for the better insuring a compliance with these provisions, and for the giving due effect to them, it appears desirable that the medical practitioners so qualified should be incorporated together into one general body, and that the regulation and government of such corporation should be vested in its members.

Without some measure of this kind the general practitioners—those who are possessed of this primary qualification, and devote themselves to the practice of medicine in all its branches—must remain disunited, inefficient, and without the power of availing themselves of that protection which legal enactment may award to them; and, if incorporated together, it is manifest that, in accordance with the general institutions of the country, they are entitled, under suitable regulations, to the election of their own Council or governing body, and to the appointment also of representatives in any more general Council or Board which it may be thought desirable to establish for the consolidation of the whole medical profession.

A consideration of the foregoing statement will show that the requirements of the members of the

medical profession may be summed up as embodying the recognition of these leading principles:—

Uniform and efficient qualification in every branch of medical science;

Equal right for all so qualified to practise throughout the whole extent of her Majesty's dominions;

The adoption of the representative system in the formation of the Councils or governing bodies.

The recognition of these principles as the basis of any measure for the constitution of the general body is believed to be in accordance with the views of a very large majority of the medical profession, and the carrying of them out efficiently would without doubt be most acceptable to a highly intelligent and important class of the community, while it would at the same time insure a vast amount of benefit to the public in general.

The following brief exposition of a Scheme of Medical Reform is submitted, as embracing the chief points advocated in the preceding statement:—

MEDICAL BOARDS FOR REGULATING AND ASSIMILATING MEDICAL EDUCATION.

A Medical Board to be established in the capital of the three divisions of the kingdom, for regulating medical education and examinations, and licensing and registering all practitioners in medicine.

The license of these Boards to be the only legal qualification to practise medicine in all its branches throughout the British dominions.

The Boards to be constituted in the same manner, the only difference being that the London or Central Board should form the medium of communication with the Government.

The three Boards might thus be considered as constituting branches of one "General Board," rather than three separate Boards.

In drawing up the regulations in the first instance, a deputation of Members from the other Boards would require to meet the London Board, and similar meetings would no doubt be necessary from time to time to propose and discuss any changes respecting education, or other general medical questions, which might be deemed necessary; but such meetings would be of rare occurrence. No regulations would of course be adopted by one Board without the concurrence of the whole, and the final approval of the Secretary of State.

COLLEGES OF PHYSICIANS AND SURGEONS.

The two Colleges to remain at the head of their respective departments of the profession.

The titles granted by the Colleges to be honorary, and the connexion with the Colleges

optional, the power of licensing all medical practitioners being vested in the Medical Boards.

As the amount of education and qualifications of the Licentiates in Medicine throughout the kingdom would be assimilated by the General Board, some regulations would require to be agreed upon by the Colleges of Physicians and of Surgeons in the three divisions of the kingdom, in order that the distinction conferred by their titles might have equal weight with the profession and the public; and that a fellow of one college might claim admission into any other on changing his residence.

By the proposed scheme of Medical Reform, the profession would remain as it is at present, with this difference, that each department would be greatly raised in character. By requiring a respectable preliminary and medical education of the Licentiates in Medicine, the public would be supplied with a class of well-qualified medical practitioners, and from this body a large proportion would go up to the higher institutions without any stimulus beyond the honour of the title and the distinction it would confer.

CHARLES HASTINGS, M.D.,

President of the Council of the Association.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

HARLOW CARR SPA.—A NEW MINERAL WATER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I beg leave, through the medium of your publication, to make known to the profession a water which has been recently analysed and brought into public notice in this vicinity.

This water, which, from its situation, in a picturesque hollow, at the foot of Harlow Hill, about half a mile from Harrogate, is known by the name of the "Harlow Carr Spa," differs widely from the well-known sulphuretted springs of this place, both in its composition and in its therapeutic effects.

The quantity of sulphuretted hydrogen which it contains is much less than in the "Old well;" this gas not being present in larger proportions than 3-15 cubic inches in the gallon, while the water of the old well contains 15-6 cubic inches; but on the other hand, the quantity of saline impregnation is beyond comparison less, the whole amount of salts in the Harlow Carr water not exceeding 38 grains in the gallon, of which 17 grains are carbonate of soda, while the old well contains 1047 grains of salts, of which 872 grains consist of muriate of soda, a salt which is totally absent in the former. It is this absence of muriate of soda, and the greatly diminished aggregate amount of salts, which renders the Harlow Carr water so valuable an addition to the spas with which Harrogate is already enriched. I have given it an extensive trial within the last three months, both in hospital and

private practice, in cases, where from analogy or experience, I have found the old sulphur water to disagree. It is well known to those who are in the habit of prescribing these waters, that there are many cases, especially of cutaneous disease, where, from the inflamed condition of the skin, or the irritable state of the mucous membrane, (the two being often consistent as cause and effect,) the sulphur waters cannot be administered with benefit, on account of the large quantity of muriate of soda which they contain. It is in such cases that we have a valuable remedy in the Harlow Carr Water, which allows of our giving the sulphuretted hydrogen without fear of its beneficial effects being thwarted by the irritating salt. I will not trespass upon your space by reciting cases, as the analysis of the water is sufficient to prove its value; but I may briefly mention one as an example.

A lady, aged 35, came to Harrogate on the 3rd of May; the skin was very extensively covered with lepra in different stages. From this complaint she had suffered for nearly three years. It was closely connected with a highly irritable condition of the mucous membrane of the bowels; so much so was this the case, that for years she had not been able to take half a teaspoonful of castor oil, or the smallest quantity of any aperient, without its producing most violent action of the bowels. The slightest fatigue, or even any mental excitement, had the same effect. Her tongue was divided into two distinct portions—one half being very thickly furred and white; and the other half, red, smooth, and glazed. This was a case where the sulphur waters would not have agreed, but on the contrary, would have increased the internal and external irritation tenfold. I therefore desired my patient to commence immediately with the Harlow Carr Spa, which she has taken since her arrival. The effect of this has been to extend gradually the healthy condition of the mucous membrane; the bowels act twice each morning, the motions being formed and healthy; the tongue has become uniform in its appearance, and perfectly clean; and the cutaneous eruption is rapidly subsiding. I could mention many other cases of a similar description, where the use of this water had proved of great service.

There is another class of cases in which I believe that this water will be found beneficial, viz.—where there is a tendency to gravely deposit in the kidney. I have only tried it in three cases: one was cured, and the remaining two are at present under treatment; but both are improving.

I need hardly add that this water cannot be considered as in the slightest degree supplanting the use of the old sulphurous waters in this place, as in cases where the latter would be beneficial, the former would be inert; it can only be considered as an addition, but a most valuable one, to the remedial means which we have already in our hands.

I have the honour to remain, Sir,

Your most obedient servant,

GEORGE KENNION, M.D.

Harrogate, June 15, 1844.

BLUE DISCOLOURATION OF THE GUMS FROM NITRATE OF SILVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The occurrence of a blue line running along the edges of the gums was first pointed out by Dr. Burton, as pathognomonic of the presence of lead in the system. In several cases of epilepsy, two being at present under treatment, and for the relief of which nitrate of silver in small doses has been prescribed for some weeks, (one grain three times in the day being the maximum dose,) I have observed a blue line on the edges of the gums close to the teeth, and not to be distinguished from that produced by the action of lead. I am far, however, from saying that the value of the blue line as a diagnostic of lead diseases is much diminished by the occurrence of a similar line after the administration of the nitrate of silver, inasmuch as the latter substance rarely finds its way into the system unless introduced medicinally. The fear of discolouration of the skin and the uncertainty of the time at which that discolouration takes place, have deterred many practitioners from giving a fair trial to the nitrate of silver in epilepsy; and I regard the first faint appearance of the blue line as a valuable proof of the action of the medicine, and the depth of colour of the line as affording a very useful warning, that the limit is reached beyond which it is unsafe to proceed.

I am, Sir,

Your obedient Servant,

FERGUSON BRANSON, M.D.

Physician to the Sheffield General Infirmary.

Sheffield, June 15, 1844.

A NEW METHOD OF MAKING PRESSURE IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The insidious onset and appalling character of internal uterine hæmorrhage have been ably delineated by Dr. Toogood, in a late number of your Journal.

The subject, I believe, was little understood in former days, for I remember, some thirty years ago, attending a Professor, who used to address his class in these words:—"Gentlemen, after the expulsion of the placenta, you will do right to place your hand in the abdomen, and if you find the uterus contracted to the size of your fist, you may feel assured all danger of hæmorrhage is passed, and you have only to wash your hands and be thankful." Experience however has proved the fallacy of this opinion; and I can look back upon many cases in which the uterus expanded again from internal hæmorrhage, after it had been once firmly contracted.

The point however to which I wish to call attention, is the mode of applying pressure. I fully agree with Dr. Toogood, that the hand is the only effectual means of compressing the uterus. I never yet saw a bandage which was not difficult in its application, and inefficient in its pressure. But the muscles of the arm will tire, and I have often suffered considerable pain from making continued pressure, at the same

time that I dared not to relax my grasp. Chance however led me to find a substitute, which is most easily applied, and will, I think, be found by others to be most efficient in its action. The case in which it occurred to me, is perhaps worthy of record. I attended a neighbour of mine, a delicate lady, with her seventh child. The labour was natural, and the uterus contracted firmly after the placenta was expelled. At the end of *two hours* I left her very comfortable; but had scarcely reached my own house, (only a few hundred yards distant,) when the husband ran in requesting my instant attendance, as his wife was supposed to be dying. I rose directly, and instinctively put into my pocket, a "*Salmon and Odys' patent single truss*, which was lying on the table. Upon reaching my patient I found her in a state of syncope; some large coagula were discharged in the bed, and the uterus was expanded to full half its size before delivery. Fortunately the nurse and sister were both women of firm minds; one forced some brandy into the mouth, while the other applied stimulants to the nostrils. I immediately passed my left hand into the uterus, and emptied it, while with my right hand I made pressure externally; contraction took place, and my patient rallied. I now took out my *new-fashioned bandage*, and applying the circular pad to the abdomen, and the other to the spine, (reversing the usual method,) outside the clothes, I made a firm and most agreeable pressure, which was continued for several hours, to the great comfort of my patient. Indeed, at this distance of time, she often speaks of my "new bandage." I have used it often since with equal advantage. It may be said that such a bandage is not always at hand, and would be inconvenient to carry in the pocket; but I doubt not such a thing might be made so as to fold up, and yet, by means of a slide, to have strength in the spring. At all events it is not more cumbersome than the forceps, which many practitioners are in the habit of carrying with them to all labours; a custom I must be allowed to say, "more honoured in the breach than the observance."

I am, Sir,

Your obedient servant,

SENEX.

INTERMARRIAGE OF NEAR RELATIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I shall be happy to hear the following question discussed or commented on in our very valuable Journal:—

"Is the intermarriage between what may be called double cousins at all likely to lead to an offspring physically and morally inferior to the parents?"

By "double cousins" I mean parties, the offspring of a marriage of two brothers with two sisters.

I sincerely hope soon to see the question discussed in our Journal, by some of the chiefs of our great medical republic.

I am, Sir,

Yours very truly.

X.

Reading, Berks, June 8, 1844,

STATEMENT OF THE COLLEGE OF SURGEONS.

The following note has been addressed by Mr. Guthrie to the Editor of the Medical Times:—

"Sir,—I shall be obliged by your doing me the favour not to associate my name, either with the Charter granted to the College of Surgeons, or with the Statement lately published by order. I have had nothing to do with the merits or demerits of either.

"I am, Sir,

"Your very obedient, humble servant,

"G. J. GUTHRIE.

"4, Berkeley Street, May, 31, 1844."

MEDICAL INTELLIGENCE.

Her Majesty has been pleased to confer the honour of Knighthood on James Annesley, Esq., of the Madras Medical Establishment.

Dr. Maunsell has been appointed Secretary to the Council of the College of Surgeons in Ireland.

PROGRESS OF QUACKERY.

It appears from a Parliamentary return, just printed, that the amount of duty on patent medicines, in the ten years ending January 5th, 1844, averaged nearly £30,000 annually. What was the actual consumption?

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 7th 1844:—A. Roberts; G. J. Rose; R. C. Griffith; H. J. Domville; H. Buck; J. F. Cartner; A. Henfrey; F. W. Marshall; G. P. Hubbard.

Admitted Monday, June 10.—W. S. Kirkes; H. Semple; H. Holmes; T. Harrison; D. F. Waters; C. D. Arnot; H. L. Pomfret.

Admitted Friday, June 14.—E. S. F. Arnold; G. Cotton; W. Westall; J. Williamson; J. Gould; H. A. Hore; J. D. Cronin; S. T. Badger; E. Garraway; C. W. Blashfield.

ERRATA.

In the Letter from Dr. Hardwick, No. 10, p. 145, line 3, for diffuse read diffused; line 25, for increased read menaced.

TO CORRESPONDENTS.

Communications have been received from the Medical Board of the Gloucester Infirmary; Dr. Toogood; X.; Mr. C. R. Bree; Dr. Bedingfield; Dr. Rumsey; Dr. Ranking; Scalpel; Inquisitor; Mr. Vincent. The Report of the Birmingham Pathological Society is in type, and will appear in the next number.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

CASE OF EMPYEMA; PERFORATION OF THE LUNG; OSSIFICATION OF THE PLEURITIC FALSE MEMBRANE; WITH REMARKS ON THE DEPOSITION OF TUBERCLES IN SUCH CASES.

By ISAAC HARRINSON, Esq., Reading.

(Read before the Reading Pathological Society
October 10th, 1843.)

If the real value of a pathological preparation depends on a full recital of the history of the case, and the train of symptoms to which it gave rise in the living subject; so as to exhibit the cause of the morbid process, its operation, and effect; then is it a matter of the first importance to a Society like the one I have the honour of addressing, to ascertain and demonstrate these particulars.

I would even go farther, and suggest that every well-marked specimen of disease should form the basis of a dissertation on, or be accompanied by, a general review of the class to which it belongs, or with which it is connected. Members would naturally and more profitably select and introduce those subjects with which they were most familiar, and to which they had more particularly directed their attention. By this means, as the mind of each member is, probably, "imprinted with a different bias," would the whole range of medicine and surgery be brought before the Society in its most agreeable and attractive form, and so would its interest and value be most materially enhanced.

With this impression I beg to submit the following case and observations, trusting that many others, much more able, and not less willing, will follow the example:—

Sarah Lukeman, aged 50, married, housewife, living in West Street, was admitted under me, at the Dispensary, July 3, 1843. Her history was briefly this: that nine weeks before, she had been in perfect health; that eight weeks previously, without probable cause, she had been seized with severe rigors, followed by pain in the left side of the chest, beginning at the lower part, and gradually ascending to the upper; she had had fever, frequent cough, some expectoration, but not, according to her own account, of a rusty appearance. During this period she had been in bed, and under occasional medical superintendence.

Examination.—Left side of chest contracted, and comparatively fixed in respiration. Universal dullness of the entire side, more marked at the apex behind, and the base before. Respiration, anteriorly and laterally, distant and modified, but audible at every part; posteriorly coarse, tubular and in the scapular region with large crepitation. Vocal fremitus exaggerated. Right side percussion clear; respiration puerile.

Lies best on the right side. Cannot lie on the affected side from pain, nor on the back from cough. Cough frequent; expectoration profuse, purulent. Is very feeble; has anorexia, insomnia, but no hectic.

Diagnosis.—Of this there could be no doubt; it was pleuro-pneumonia, with effusion.

Without pretending to diagnose pleuritic effusion in a lesser degree, the symptoms and signs in this case left little room for dispute. It was evident the effusion had once been greater, and that the lung had either partially re-expanded, or that, more probably, it was more or less solidified by inflammation of its own tissue.

The only question was:—Is there the super-addition of tubercles at the apex? Manifestly this was a decision of great delicacy. The auscultatory signs tended to, while the general history forbade such a supposition. Dr. Cowan, on a careful examination, feared that tubercles did exist. She was ordered calomel and Dover's powder, hydriodate of potass, and opium at bed time. After seven days she was admitted into the hospital under Dr. Cowan. She remained three weeks in the hospital, but was discharged at her own urgent request, without benefit, and in a weaker condition. While in the hospital, she was slightly mercurialized, blistered, and then had quinine, wine, &c.

Was readmitted under me, July 31st.

The physical changes were—the contraction of the side was still advancing, the crepitation at the apex amounted to gurgling; and the expectoration was more profuse. Dr. Cowan also directed my attention to abnormal dullness at the apex of the opposite lung behind, and to the coarse character of the respiration in that situation. At his suggestion, I ordered one grain of the acetate of lead, with the sixth of a grain of the acetate of morphia, in a pill every six hours; good food, wine,

and brandy. In a few days she took two pills instead of one. Under this treatment she wonderfully improved in every respect.

August 11th. Yesterday morning, when sitting up, had a sensation as if something burst inside the chest, and immediately expectorated a tea-cupful of nauseous purulent fluid; she coughed incessantly for two hours, and brought up altogether about a pint of the same kind of fluid. Is now much relieved, and since yesterday the cough and expectoration have been trifling. Percussion now gives a tympanitic sound at the upper part of the left side; respiration is more audible at the lower, but gurgling at the apex behind. It was now for the first time observed that the heart's pulsations were much more distinct to the ear and hand at the summit of the left side of the chest, than over its peculiar region. For three or four days at this period, she was astonishingly relieved, and not only got up, but went down stairs, and even walked in the garden.

On the evening of the 14th, after one of these walks, she suddenly experienced a sense of suffocation, and brought up about half a pint of the same kind of offensive fluid. Frightful dyspnoea continued for some hours, threatening asphyxia every moment, but it was ultimately relieved by the free exhibition of stimulants. From this time she did not quit her bed till death, seventeen days afterwards. Every day she suddenly brought up from half a pint to a pint of the same offensive fluid; the cough was constant, the expectoration profuse, and now habitually nauseous. She was unable to lie on her right side; the fluid flowed so copiously into her mouth as to endanger suffocation. She daily became more asthenic, and died by syncope; sixteen weeks from the commencement of the disease, and three weeks after perforation had taken place.

Post-mortem examination, nineteen hours after death. Head not examined. On cutting off the sternum in the usual way, the right lung was seen extending beyond the median line; the left was hidden, and the cavity closed by intimate and strong adhesions of the pleura to the pericardium. On separating these adhesions, the cavity was exposed, containing about a pint of thick, purulent fluid. Lung compressed; not in a round mass to its root as ordinarily seen, but to the vertebræ, the whole length of the cavity being fixed and retained below by adhesions to the diaphragm; more compressed below than above. The costal pleura lined by an adventitious substance of a yellowish colour, firm consistence, worm-eaten surface; double at the posterior part, from one to three lines in thickness; at the superior part converted into bone, and firmly adherent to the pleura. The ossified portion, as large as the palm of the hand, was intimately connected on one side to the pleura costalis, and on the other to the apex of the lung.

Costal pleura much thickened. Pulmonary

pleura also thickened, with a surface irregular and flocculent.

On separating the ossified layer at the apex from the lung, the pleura was torn off, displaying a number of pouches or small cavities, the extremities of enlarged bronchial tubes. The lung was of a dark grey colour, soft, and at the apex in a state of incipient gangrene. Bronchial tubes enlarged, and lung through them receiving air in every portion, but now filled with matter from the empyema. Though now soft, the substance, it was evident, had been firmer than a healthy lung compressed to a similar size, showing deposit from previous inflammation. At the junction of the middle with the inferior third, was an opening or perforation admitting readily an ordinary director, and communicating through a non-tortuous sinus with the left bronchus.

Right lung large, remarkably spongy, and free from congestion. No adhesions. *Not a tubercle in either lung.*

Heart small and feeble—cavities empty. Pericardium and endocardium healthy. Valves normal. No deposit in the thoracic or abdominal aorta.

Abdominal organs healthy.

Osseous Matter.—The deposition of osseous matter in pleuritic adventitious membranes would appear to be rare. I cannot find a corresponding case. Dr. Hodgkin says, in his valuable work on Serous Membranes, "It is a circumstance of no very rare occurrence for the effused organizable matter to assume a semi-cartilaginous, instead of a cellular form;" which description, I think, applies sufficiently accurately to the greater portion of this specimen. Nothing is said about osseous matter. In speaking, however, of serous membranes generally, he says, "The dense and cartilaginous products of inflammation occasionally become penetrated with earthy particles and pass into a state more or less approaching to ossification, but this happens much more frequently beneath the *attached* surface of the serous membranes than on their internal or secreting surface."

Mr. Mayo says, "Phosphate of lime is sometimes deposited in pleuritic lymph."

Dr. Hodgkin also describes the worm-eaten appearance of this dense adventitious structure, (well seen in the specimen on the table,) and offers a very ingenious explanation. He supposes these depressions are filled with a soft inorganizable material, so that this worm-eaten appearance is not produced by ulceration or other destruction of the thickening deposit, but that its deposition or formation is prevented by the presence of a different material.

Cartilaginous incrustations, ossific deposits, bony masses, are mentioned by Laennec, Bailey, Dr. Elliotson, and Dr. Hodgkin, as not unfrequently occurring under the pleura costalis.

With regard to the production or formation of this false membrane, I may safely assert, that lymph was effused on the costal pleura; that it became

organized, and that in one portion ossific matter was deposited. Why ossific matter was deposited in this situation only, I don't pretend to explain, except it might be from the intimate adhesion of both pleural surfaces, which occurred in no other spot; because, if the deposition of bony matter *under* serous membranes—which is much more common than *on* them—is favoured by position, by pressure, here would it most specially be promoted when *under* one and *on* another.

The quantity of solid deposit also might be influenced by the lung being involved, as well as the pleura. Dr. Hodgkin says, "When inflammation of this membrane is associated with that of the substance of the lung, the latter does not collapse as in cases of simple pleurisy, and we find the quantity of solid product of inflammation disproportioned to that of the serum."

Effects of this Adventitious Membrane.—What influence then had this adventitious membrane in the modification of some of the signs, or in the production of others? It is probable the contraction of the side was affected as much by the contraction of this membrane as by the absorption of fluid. It doubtlessly also modified the auscultatory signs. This was more particularly the case at the summit; for here, before a part of the fluid was evacuated, percussion was most dull.

Point of Election of Perforation.—I am not aware that there is anything peculiar in the point of election of the perforation. The occurrence, however, of communication between the cavity of an empyema and the bronchial tubes, is not very frequent.

Dr. Hodgkin says, "Examples are related by Laennec, Andral, and probably many other authors. I saw one, if not more cases of this description, in the Clinical Wards in Edinburgh;" showing that they cannot be very numerous. It was on the left side. Dr. Bird states it is more frequent on the left side than the right in the ratio of three to one.

I will not enter into the question whether pus is ever absorbed from the cavity of the pleura; but I think the fact, that when a communication is established, the contents are invariably puriform, would prove, at any rate, that it is much less frequently absorbed than serum. Perhaps there is some relation between purulent effusion and perforation. Great relief followed the first evacuation of fluid, but this relief was temporary and delusive. The expectoration became habitually nauseous and foetid; suffocation was daily threatened by its sudden irruption; she rapidly declined under its frequent repetition, hastened perhaps by the pestiferous influence of the discharge itself, and she sank by asthenia.

Chemists are not agreed as to the nature nor production of the foetid material; it exhales the odour of sulphuretted hydrogen.

Condition of the Lung.—The heart's pulsations were more sensible to the ear and hand at the

summit of the chest than in their normal situation. This did not depend on any displacement of the heart itself, but on the greater facility of their transmission, through the compressed and solidified lung to the apex, than through the liquid effusion to the parietes of the chest.

State of the Opposite Lung.—It has been stated in the report that percussion was much duller than normal at the apex of the right lung; giving rise to the strong suspicion of the presence of tubercles in that situation. This is a point to which I wish to direct the particular attention of the Society. A great deal has been said about the modification of sonority that occurs by the contact or approximation of a dull and sonorous body; for example, that we may have tympanitic sonority at the summit of the left chest, transmitted through a solidified lung from a stomach distended with flatus; that we may have tympanitic sonority over a lung uniformly solidified, from the presence of air in the bronchia; that we may have normal sonority with a considerable amount of tubercular deposit. Little however has been said about the reverse position, except the detection of the liver, heart, and lobular solidification through intervening portions of healthy pulmonary tissue. If we consider, however, in this case the bony plate, the liquid effusion, the solidified lung, the inelastic and thickened parietes of the opposite side, extending undoubtedly more or less to the mediastinum and parietes of the same side, we cannot be surprised that its sonority should be most materially modified. Normal respiration was masked by puerility, and its sonority modified by surrounding induration. Besides, a considerable amount of deposit would have been required to become cognizable in so voluminous a lung, the existence of which deposit could scarcely be reconciled with the history of the case. I do not think that the modification in the physical signs produced by the contiguity of bodies in an opposite state has yet been sufficiently investigated.

The Diagnosis, as I have said before, was sufficiently obvious. Contraction of the side, I may remark, may in these cases be more apparent than real—may be deceptive, from the increased expansion of the opposite side. The only doubt was the super-addition of tubercles in the apex of the more diseased side, rendered probable by the large crepitation and the greater dullness on percussion in that situation. The event is well calculated to remind us of that which should never be forgotten—"that physical signs are not so much indicative of particular diseases as of physical conditions."

The modification that arose after the first discharge of purulent matter and the foetid state of the fluid itself, were sufficiently characteristic.

Metallic tinkling, succussion, and some other signs, were neither observed nor looked for, as her weakened condition forbade unnecessary manipulation.

Treatment.—I have little to say on this head. The effects of the acetate of lead and opium, were at first decided, satisfactory, and encouraging. When however, perforation occurred, it was manifest after a few days, that all medication was nugatory and abortive.

I will not enter into the question of paracentesis. It is quite clear, that in this case it would have been useless and only have hastened the fatal termination.

In making these remarks, I am fully sensible of the manifold imperfections of my observations and description. When once the mind gets satisfied with the more prominent or distinguishing lineaments of a case, it is apt—too apt—to neglect or regard with indifference its minor, though not less important features. Every discriminating mark of so interesting a case as the one under discussion would require a volume, not a paper, for its complete illustration.

I will now, in conclusion, beg to submit to your consideration, a subject of intense interest and momentous import—viz., the deposition of tubercles in a lung compressed by a pleuritic effusion, or on the opposite side.

Tubercles.—I have stated that there were no tubercles found in either lung in the case just related.

In a discussion at the Westminster Medical Society, (*Lancet*, April 22, 1843,) Dr. F. Bird said, that “one of the most important complications super-vening upon chronic cases of empyema, and which he regarded as one of the strongest arguments in favour of the treatment by early operation (paracentesis) consisted in the deposition of tubercles in the opposite lung.” Two cases were related, in which the “advanced age of the patients, as well as their previous history, negatived the idea of tubercles having pre-existed the pleuritic effusion, an opinion which was supported by the fact, that no trace of tubercular deposit could in either case be detected in the lung which had been subject to the pressure of the fluid.” “It was difficult,” he added, “to explain the occurrence of tubercular deposit in these cases, but the fact of their being limited to the opposite lung would serve to show their association with, if not their dependance on, increased respiratory action.”

Dr. Cowan, in one of his admirable “Contributions to the Diagnosis and Pathology of Thoracic Disease,” (*Medical Gazette*, No. 2, July 11th, 1835,) relates a case of the intercurrent of an empyema on the right side, where the lung was bound down in every part by strong adhesions, the result of a former attack, and in which the parenchyma of the lung was found universally tuberculated. The left, the opposite lung, was much increased in volume, and had only a few isolated granulations. He asks, “To what are we to attribute the striking difference in the condition of the two lungs?” He adds, “We fully coincide with the interesting views of Dr. Carswell on this

important subject, and believe that it was principally owing to the difference in their physical condition; the one bound down and comparatively motionless; the other not only free from adhesions, but its natural movements and functional activity increased.”

Here then we have two opinions apparently diametrically opposed; the one, that the deposition of tubercles depends on increased respiratory action; the other, that it is prevented by an increase of functional activity.

It will be the attempt of the following observations to show that the cause is the same, in the one case and the other.

It will be necessary, however, in the first place, just to review the distinctions and differences, whether natural, or acquired, physical, or physiological, between the right and left sides of the chest: together with the comparative frequency of tubercular deposition in the right and left lung at the summit and the base.

It will be admitted, I take it for granted, that the left side of the chest is normally in a more active state than the right; that on the left side the respiratory murmur is louder, and that percussion is more sonorous; that on the right side percussion is duller, and respiration more feeble; the resonance of the voice greater, and the vocal fremitus exaggerated; that this difference obtains, in a state of health, and that it is a natural condition. This opinion is confidently advanced in the writings of Louis, Clark, Stokes and Gerhard.

On what this difference depends has not been satisfactorily investigated nor pronounced; whether positively on the lung, anatomically, or physiologically, or comparatively on the state of the parietes, as an extrinsic and acquired condition.

Most people are right-handed; and this circumstance, I believe, most materially modifies, not only the physical condition of the parietes, but also that of the contained organ, the lung itself.

From the researches of Woillez, it has been proved that the mean capacity of the right side of the chest is greater than that of the left. This receives a ready explanation from the relative anatomical disposition of the two sides. But he has also most curiously found that the mean capacity of the chest is lowest in persons following those trades which require frequent exercise of the upper extremities. This modification it may be supposed, may be effected in two ways—either by the muscular tension preventing the expansion of the chest, or by positively contracting its parietes.

It is to be inferred, therefore, that the tendency, operation and effect of the muscular exercise in the instances related by Woillez, borrowing an analogy from simple hypertrophy of the heart, were concentric.

In the discussion which followed, the inference

was disputed, as contrary to all physiology, and the legitimacy of the analogy denied.

A correlative confirmation of these views may be deduced from the fact, that emphysematous heteromorphisms are, in a great majority of cases, found on the left side.

It is evident that though this more common exercise of the right side of the body, under ordinary circumstances, will produce increased activity of respiration and circulation on that side, yet it is equally evident that under altered circumstances it will determine increased obstruction, by contracting the thoracic parietes, and thus interfering with the action of the lung in that situation where it least can afford it. The effect of course will most speedily be felt, where the greatest tension is exerted at the apex. Besides, the very fact of its being active, will, "*mutatis mutandis*," render it more susceptible of derangement. We shall see presently the more extended application of this principle.

Pneumonia.—The production of pneumonia appears to be opposed to that of phthisis. Pneumonia more frequently attacks the lower lobes. This may be influenced by the greater number of bronchial tubes in the lower lobes, and consequently the greater activity of the circulation; for we must remember, that the pulmonary circulation is entirely dependant on the aeration of the blood; that the blood from the pulmonary artery will not, cannot, pass into the pulmonary veins without its due aeration. From this circumstance the causes of inflammation will more speedily operate, and their operation be more quickly manifested in these situations.

The greater activity of the circulation in the lower lobes, from physical causes, may perhaps be in some degree compensated for anatomically by the larger size of the vessels going to the upper lobes.

Tubercles in the Right or Left Side.—Opinions differ as to the relative frequency of tubercles in the right and left sides. Some say the right; others assert with equal confidence the left; the preponderance of testimony is however for the right side. The opinion of Dr. Cowan is, and my own more limited experience fully corresponds, that the right is the rule, the left the exception. This, however, will depend on the causes in operation; in one class it may be the right, in another the left; but, as we have seen, the right from physical causes in almost universal operation, will be more liable; while, perhaps, apart from physical causes, from normal conformation, it may be more disposed to become affected.

At the Apex and Base.—Tubercles are deposited more frequently at the apex than the base of the lung. Why, Dr. Carswell has very ingeniously supposed to be owing to the difference in their physical condition, that the functional activity, the extent of mobility possessed by the inferior is much

greater than that of the upper lobe. The consequence is, that in the lower lobes there is a continual tendency towards the expulsion of tubercular matter; while in the upper there is the same tendency to its accumulation.

This explanation is quite in accordance with the foregoing observations, and I think its correctness receives a convincing confirmation from the fact that in those exposed to the continued inhalation of metallic or stony particles, as grinders, &c., accumulation takes place most in the apex of the lungs. The relative size of the vessels going to the apices must have also a material influence in the facility of tubercular separation.

Nature of Tubercles.—I now come to the important question:—Is the deposition of tubercles a local or a general disease? I think it will be unhesitatingly granted that it is a constitutional affection—a disease of the blood. Tubercle makes its appearance as a secretion on serous or mucous surfaces, or by separating from the blood when it has ceased to circulate. The seat of its election, however, is the free surface of mucous membranes.

Application.—Let us now apply these considerations to the cases with which we started, and from which we have so long wandered.

In Dr. Bird's cases tubercles were deposited in the opposite lung—none in the compressed. In Dr. Cowan's case they were deposited in the compressed—few in the opposite. One thinks they were dependant on increased, the other, on diminished, respiratory action. Now, if, as Dr. Cowan asks, phthisis is a constitutional disease, and not merely a local affection, to what are we to attribute the striking differences in the state of these lungs? Undoubtedly to their altered physical condition.

Let us just bear in mind what takes place when one lung is compressed, and thus spoiled in its office, by a large pleuritic effusion. The consequence must be that the sound lung has double duty to perform; and this it may be able to do under favourable circumstances. To a certain extent, but no farther, this increased activity will be inimical to, and a preventive of, the deposition of tubercles. A rather popular mode of treating phthisis is founded on this fact.

But place such a patient under unfavourable circumstances, where respiration is increased or hurried to the utmost, where there is a continual contest between respiration and circulation, a perpetual struggle for equalization, and then, notwithstanding its augmented activity—notwithstanding its compensatory hypertrophy, *one* lung must fail in effecting those vital changes which *two* were intended to accomplish. The blood will become imperfectly aerated, stagnation, or at any rate, detention, will occur; separation take place, morbid secretions form, and tubercles will be deposited.

Nor under such circumstances can we be surprised that deposition should first take place in the

apex of the lung,—that situation where its physical condition is such as to be least able to overcome the difficulties with which it is surrounded; we cannot wonder that disorder should first be evidenced in that situation where there is most *to do*, and the least *done*.

I am taking it for granted in this supposition that a *predisposition* to tubercles existed. For in some cases we find all the physical and physiological conditions apparently necessary for the production of tubercles, and yet none are deposited.

It is an interesting question but one on which I have not time to enter, for my object is to illustrate the deposition, not the formation of tubercles, what influence empyema may have in really forming, in generating, the tubercular disposition. I know none more likely; for it is generally acknowledged, that whatever tends to induce a state of general debility, produces a cachexia, all but universally tubercular.

The importance of the *early* removal of the fluid is immediately suggested by this consideration.

We shall now be able readily to comprehend why, in some cases, tubercles are found only or more numerous in a lung compressed, but not completely so, by a pleuritic effusion. In Dr. Cowan's case the lung was partially compressed by effusion; in the rest of its extent bound down by adhesions, and altogether in a physical and physiological condition, specially favourable to tubercular deposition. Had, however, the effusion been more extensive, and consequently the compression more complete, then tubercles would not have been found in it at all, but in much greater number on the opposite side. Dr. Graves says "Tubercles may supervene, even though the empyema is not absorbed. The opposite side is then the seat of disease." And again, "When absorption takes place, tubercles occur in the affected side;" and also "that rapid absorptions are more likely to be followed by a fatal development of tubercles than those more chronic."

Where the compression is complete, it is evident that the functions of the lung must be destroyed,—that it will only receive blood just sufficient for its bare vitality. For illustration's sake I may mention that the accidental occurrence of empyema and pneumothorax suspends, in a remarkable manner, the progress of tubercular destruction, and that a lung compressed has seldom been known to be attacked with inflammation. On these facts is founded the ingenious proposal to collapse the lung by the admission of air through an external opening, for the cure of phthisis.

Following out the same general principle, we find that tubercles are very readily deposited in new membranes, and in recent tissues, where the circulation is retarded, and its current imperfectly formed.

In conclusion, I may add, that whatever tends to derange the circulation in the lungs, that whatever tends to cramp or worst them in their peculiar functions, whether it be internal or external, physical, or physiological, will also tend to the deposition of tubercles in one predisposed.

Conclusion.—These illustrations might readily be multiplied, were I not too sensible that I have already drawn too largely on your patience and your time. I trust that my intention in the preceding observations has not been mistaken, misapplied, or misunderstood. My intention was not to offer a laboured dissertation on phthisis, its causes, its effects, or its mode of formation. My only object was to illustrate the mode of tubercular deposition from one cause, in one disease, that of empyema. The route adopted may have appeared to some foreign, devious, and circuitous, but I considered such a course necessary, in order to obtain and give a connected, satisfactory, and convincing view.

In its accomplishment, if it has been accomplished, I have not pretended to arrogate to myself the discovery of any thing new, but merely to have attempted the application, in some instances may be the extension of a general principle well known and universally acknowledged, and to have connected, harmonized, and simplified its operation.

For this purpose the opinions and writings of Laennec, Andral, Louis, Fournet, Woillez, Gerhard Graves, Stokes, Hudson, Clark, Forbes, Cowan, Carswell, Elliotson, Williams, Walshe, Holland, and Hodgkin, &c., have been consulted and freely laid under contribution.

I have been thus particular in attempting to elucidate the connexion between phthisis and empyema, from a conviction that the *causes* of phthisis have not been sufficiently attended to; from a conviction that not until we observe more strictly the causes, and then endeavour to analyze the operation of those causes, shall we ever be able to, for who will say we shall not, arrive at an accurate knowledge of its true and real nature.

By facts in this way rigidly induced, and slowly accumulated, will at length its state of being—alas! at present hidden—be gradually and insensibly unravelled; or perhaps more fortunately at no distant period, some master-spirit, some heaven-born genius, at one prehensive grasp, will seize the scattered remnants of a thousand minds, evolve its essence, suggest its remedy, and proclaim its cure; and so give by one triumphant effort a bidding arrest to that disease, which numbers in its victims the fairest in the creation, and cuts off in its fell career one fifth of the entire population. To hasten the consummation of such a victory, is the duty, and demands the ever-riveted attention of the physician, the philosopher, and the man. The name of him shall be immortalized and live for ever, who first can cry "*Eugenia*."

INFLUENCE OF LOCALITY ON DISEASE.

By NATHANIEL RUMSEY, M.D.,
Henley-on-Thames.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In looking over some manuscripts which I had long laid aside, I lately fell upon one which I propose to transcribe for insertion in your valuable journal, if, as marking the influence of locality on disease, it is worthy of a space in your pages. Many, and all the years of my residence on the spot, subsequently to the date of the manuscript, 1820, have confirmed the opinion I then noted, of the remarkable healthiness of Beaconsfield; and believing the fact to involve a particular of existence and interest, as extensive as is the unintelligible diversity of health, it is, no doubt, a duty on my part to give it publicity, as a truth revealed to long continued and, so far as can be seen, fortuitous opportunities.

I have indeed felt unwilling to withhold from our associated body, what appears to offer a strong and encouraging motive for the prosecution of inquiries into medical topography, because that science has been one of the avowed especial objects of the Provincial Medical and Surgical Association. The Transactions have ushered into the world valuable papers on the subject; in which, however, among the various recognised causes of disease, operating by place, a widely diffused influence of the natural waters, received into the animal system, has escaped consideration.

I am led to believe that a noxious and unsuspected element lurks in our soil, which, by means of solution in the waters in general use, finds a vehicle in the circulating fluids, to the various organs and tissues of the body, of which it is often destructive; and that this element resides in many localities, I might almost say generally, in our island, but with the aid of chemical analysis, and actual observation of disease, as corresponding with locality, I should trust, not hopeless of detection, if I am right in urging the enquirer's attention, to the water, for explanation of the phenomena.

It would in my opinion be a grand improvement to the statistics of disease, with which registration now so richly supplies us, to associate with the sick reports of localities, respectively, a chart of their geology, and a minute analysis of their waters. It would, if I mistake not, lead to a knowledge of an easy prophylaxis of some of the most formidable diseases that afflict our nature, and show a distinction between truly hereditary scrofula, and a numerous class of affections resembling it, which I have reason to believe depend on peculiarities of water. A survey of our island to this end would be worthy of the nation, and impose a heavy debt of gratitude on the people.

A deep conviction of the importance of investigating the question urges me to the desire of exciting attention to the subject, not without the hope and design of lending aid to its prosecution.

Beaconsfield, 1820. I have long believed Beaconsfield to be distinguished by a healthiness superior to that of the neighbouring towns, and have been brought to that belief by actual observation of its diseases, and modifications of disease, compared to those which I have witnessed of the towns and villages of its vicinity.

Its elevation is less than that of other less healthy eminences; its soil is not the driest, abounding in land-springs; its situation is far from warm, and thus are favoured some of the less important morbid affections; yet, with these disadvantages, nature has bestowed upon its little hill some remarkable cause of healthiness and exemption from an extensive list of serious diseases.

In the numerous surrounding towns, which are for the most part situated in vallies, some wide and open, others comparatively narrow and contracted, bordered by hills of chalk, with superincumbent gravel, clay, or sand, yet of drier soil and houses than Beaconsfield, I have met with much more articular and glandular disease. More persons by far are the victims of pulmonary consumption; the stiff and useless joint, and cripple, are seen with much more frequency; the goitre is met with at every town; calculus of the bladder has been seen in most, if not in all of the other towns and villages of the neighbourhood, and that of the kidney is very common; whereas, the former of these, calculus of the bladder, I have every reason to believe, from the authentic source of my father's long and extensive experience in this vicinity, and my own opportunities of observation, has not been seen at Beaconsfield in a single instance for more than half a century,* and possibly never to have arisen there, and the latter gravel, is only exhibited by a rare exception in the corpulent, the bedridden, and the sufferer with disorganized kidney.

The goitre itself may be said to be unknown in this town, though not three miles from one of its favourite localities, and absolutely surrounded by districts fruitful in its production.

Other painful affections, incident to the young female, yield to the same law of comparative exemption in this favoured elevation, and my conjecture is, that these advantages do not complete the whole catalogue which belong to this town's distinguished geological position.†

The diseases of the neighbouring country are not so distributed as to explain the fact by the locality being elevated. The exemptions of Beaconsfield are not enjoyed by all the neighbouring high ground; there is no peculiarity in the habit of living, or employment of its inhabitants, the shade of its oaks and elms, excess or want of woodland. Humidity and dryness do not solve the question.

I have witnessed the spontaneous cure of diseases on a change of abode to this hill, which usually, under other circumstances, make a very different progress. Dysmenorrhœa has been removed; bronchocele has disappeared; attacks of gravel have permanently and spontaneously ceased; and, in one instance, the gradual, yet speedy, total and permanent cessation to cough up chalk stones, followed a residence at Beaconsfield, the native and previous abode of the patient having been one of the surrounding localities, more fertile in disease.

* Now 1844, for 74 years.

† There is nothing obviously peculiar to the hill, as distinguished from others, except as being occupied by a town. The towns and population of South Buckinghamshire, and its vicinity, being with little exception situated on lower ground, and by the side of streams, with a marked difference of soil and water. The distinction of Beaconsfield in this respect, and the vicinity of the neighbouring valley population, for many years, furnished me with such opportunities of comparison, as to convey forcibly to my mind that disease was modified by each.

I have no doubt that Beaconsfield, in point of healthiness, as compared with most, if not all the neighbouring towns and villages, has strikingly the balance in its favour. I believe the surrounding hills and valleys are largely productive of some forms of disease, misnamed scrofula, being such affections of articular and glandular structures as to bear a resemblance to it, and are far more susceptible of relief. I have found that injuries of the joints, are, in them, of slower and less certain recovery. These facts have been forced upon my observation, and more than twenty years have not made them questionable.

I have been driven to the belief that the natural waters are the vehicle of matter, in many situations, unconvertible by the organs of digestion, which accumulates on, or affects the glandular fabric, deranging the functions and structure of its varied, extensive, and important organizations, becoming a fruitful source of disease, and presenting a problem for solution of vital interest.

That the purest looking water, in certain situations, is loaded with foreign matter, in chemical union, is unquestionable, and that it is set at liberty by certain changes, to which it is liable, we see. The process of boiling precipitates a large portion of it. Its combination with other elements renders it insoluble in the aqueous menstruum, and thus it is precipitated; and, although the sure test of experiment has not so displayed the fact, we are, at all events, not certain that its progress in the circulation may not lead to another of nature's modes of precipitation, embarrassing animal function and disorganizing the delicate textures of the secreting apparatus. There is ample reason why the question should be asked whether such processes may not be ever active in the elimination of our most common and formidable diseases. We are too little informed too much surrounded by the mists of ignorance, and too amply enriched by the means of investigation, to justify any holding back from the attempt to seek an explanation, where, hitherto, it has not been looked for. What do we know of tubercle? What do we know of scrofula?—or of malignancy? to justify either sloth in the pursuit, or despair of success.

Is it not probable, that if local situation be capable of producing morbid affections (as I have concluded and believe that it is) which, as bronchocele, phthisis, glandular and articular disorganization, resemble scrofula, much of that destructive affection, supposed to be inherent in races by blood, may in fact depend on the widely operating cause of a peculiar foreign matter in the water, perhaps precipitated, or in other ways forming accumulations on glandular, and membranous structure.

It has been my habit for years, to consider, that two pathological states usually called scrofula, exist; one having no connection with place, but inherited as family temperament, the subjects of it as I have supposed, distinguished by a florid colour, often larger and more visible blood vessels on the surface, a large and full development of person, more or less of beauty, and exhibiting some individuals in the family, either with chronic ophthalmia, spinal disease, pulmonary consumption, or some other affections; while the less genuine scrofula, the product of place, is seen in every variety of form and figure, has not the florid character, may or may not be distinguished by beauty, affects all

glandular and membranous structures, and suggests the far more easy means and hope of relief, by avoiding the use of the deleterious water.

If this be true, as I conceive it is, from the preceding and following observations, the benefit which may arise from a more exact disclosure of the particular element in the water, operating as the cause, cannot easily be appreciated.

A young woman having a large goitre, without quitting her residence in the vicinity of deleterious water, supposed to have given rise to it, lost it, after perseverance in drinking rain water. She informs me that she continues its use to this day (more than twenty years). She has nothing of the disease now (1842), though living in the focus of it. She acquired colour and improved general health as she lost the disease. How widely different would have been the progress of her health in twenty years under the continued use of her native and poisonous, though beautiful and agreeable water, it is easy to conceive.

Three years ago I saw a young lacemaker, an inhabitant of the same group of cottages, with an increasing and distressing goitre, to whom I suggested the same expedient of rain-water. I was thrown into her neighbourhood within the last six weeks, and had the pleasure to see her throat of very diminished circumference.

I have since witnessed another similar fact. A young lady quitted Beaconsfield, her place of abode, and went to school in a situation which I well knew to be productive of goitre; having no such disease when she went. She was the subject of it in less than a year, and lost it without the use of any remedy, by a return to Beaconsfield. Again she quitted Beaconsfield, and took up her abode in a new and distant locality, but with regard to water, circumstanced as was her second place of abode; here again, it returned, and she then became almost well under the use of rain-water, without change of place, when it happened that she made another change, and lost it quite, under the continued use of rain-water. It is of importance to notice in these cases, the disappearance of the disease as unconnected with change of air or place.

Were attention directed to the subject, I believe it would be found that different states of health, as expressed by countenance and complexion, are often to be met with in passing over districts of country, not to be accounted for by elevation or lowness, humidity or dryness, warmth or coldness of situation, a sedentary life, active occupation, or any appreciable state of air. In passing along the Sussex coast I was once sensible of a more healthy expression of countenance in the inhabitants as I approached Hastings, than in those I was leaving behind towards Brighton. There was an obvious change of soil, and therefore, I doubt not, of water also.

As it seems to confirm this view, I am anxious to quote a statement made by Sir James Clark, in his interesting and valuable book on "Climate, Diseases, &c." at p. 58 (Ed. 1820): "It was by this route that Napoleon intended to carry the excellent road that was to join the South of France with Italy, and which is made as far as Mentone, sixteen miles beyond Nice"—"at this little town we were struck with the different looks of the people, particularly the women, whose fine complexions formed a striking contrast with the generally sallow countenance of the inhabitants about Nice."

The observant writer asks "what could be the cause of this striking difference of complexion?" I would answer, it might probably be found in the foreign matter held in solution in the water of the clear and sparkling fountain. Similar, though perhaps less marked differences, are visible in different districts of Buckinghamshire, as I have often noticed; and I have long believed that with the different complexion there was also an actual modification of constitution and health, and that a practitioner, by his long abode in a place, the more readily distinguished the shade of morbid affection, as well as appreciated better the required form of remedy.

It may be mentioned, as allied to the subject of medical topography, that a valuable and experienced medical friend, whose useful career and medical reputation were cut short; after nine years' residence in a certain locality, took a new station, and declared to me his conviction that he now found the same disease, nominally, called for a modified use of remedy, simply an observation of fact.

As another example of the influence of certain waters, I would mention the case of a gentleman who suffered for several years from a very troublesome cutaneous disease of the hands, intimately connected with the water, as it proved, which baffled all remedies suggested by the most experienced. It was clearly made out to depend on ablutions with the water of his house, in every respect beautiful to the eye and taste, and then immediately remedied. He can now reproduce it at any time, by a week's perseverance in the use of the water.

After having long learnt that Beaconsfield was, with rare exceptions, unproductive of renal calculi; when called to patients seized with the symptoms which usually lead to suspicion of that painful disease, I never hesitated to pronounce at once, that it would not prove to be gravel; remarking, as I have done, to a by-standing pupil, that were these symptoms witnessed a few miles from Beaconsfield, I should be disposed to pronounce that they were caused by the passing of gravel, but you will soon have the proof that it is not so here. Thus, a young lady was attacked with violent and sudden pain on one side of the loins, extending to the groin. The bladder was constantly excited to action, the urine was bloody, vomiting was constant; and the knowledge, only, that I stood beyond the geographical bounds of this disease, induced me to hesitate to pronounce the case gravel. It turned out to be inflammation of the ureter.

The great point remains, viz., to say what that element is which constitutes the cause of disease, which I have thus observed and relate, as connected with place and water. That it abounds where chalky districts prevail is to be remarked; that it is not equally prevalent in all chalky countries, and that it is sometimes seen in districts in which there is no chalk, I have observed, though very rarely. That it is identified with some element which abounds where chalk abounds, though it may not be any of the combinations of lime, I have been forced to conjecture; and that where no chalk exists, and the diseased principle is to be found, I have observed an abundance of sand to prevail in the soil. No doubt a very large portion of this kingdom abounds in the cause of this principle of disease, which shows itself in the various forms which I

have noticed. It is a happy circumstance that every place is furnished with the antidote to be found in the use of rain-water, so easily collected, so easily deprived of its impurities, so easily intercepted in its natural descent to the regions which furnish it with unwholesome foreign matter. It is necessary to say that the impurities which rain water picks up from the roofs of houses, are easily separable by the filterers, which are now of such common use; although it is quite otherwise with respect to chemical solutions of the numerous combinations of lime, silex, &c., which are found in wells and natural springs.

It is no doubt the long and habitual use of water, thus unwholesomely impregnated, that affects the system, predisposing it to the specific ailment which at length succeeds. Its effects are often seen at the age of four, in the production of the enlarged thyroid gland; but its fearful ravages are more strikingly exhibited in females from 18 years and upwards.

I have seen the enlarged thyroid gland in an infant at birth. I have known it begin to make its appearance within a year of arrival in a locality known to abound in it; and at this moment I am acquainted with two instances of its existence where the subjects have taken up their abode in its districts, three years.

I am anxious no longer to keep these observations to myself, in hopes, that while to put them forth need have no tendency to suspend my own exertions, it may encourage and excite more industrious labourers to exertions in so important a field.

I am, Sir, your obliged

and obedient servant,

NATHANIEL RUMSEY, M.D.

Henley-on-Thames, May 27, 1844.

DEATH FROM FRIGHT, AFTER THE OPERATION FOR SOLUTION OF CAPSULAR CATARACT.

By JONATHAN TOOGOOD, M.D., Bridgewater.

J. G., aged 23, of a scrofulous and hysterical temperament was admitted into the Bridgewater Eye Dispensary, February 16, 1839. She stated that she had always enjoyed good health to the age of sixteen, and had taken the charge of a dairy; that after this period the catamenia not appearing, she became subject to headache, had frequent attacks of hysteria, lost flesh, and was affected with a severe form of porrigio, which no medical treatment relieved. For the last five years the proper functions of the uterus had entirely ceased. About midsummer last she was suddenly seized with an acute pain in the left eye accompanied with dimness, which in a few hours became so much worse that she was barely able to distinguish light. A fortnight ago the right eye became similarly affected, attended with the same sensations, and as speedily followed by complete loss of vision. On the 18th, the operation for solution was performed posterior to the iris, in both eyes, and the cataracts broken up. Nothing unusual occurred, but on the next morning she complained of pain in the right eye, extending over the temple and brow, and the iris appeared somewhat hazy. Leeches were ordered, a plaster of opium and belladonna to be applied over the brow, and five grains of hydrargyrum cum creta, with

three of Dover's powder to be taken every four hours. The proposal to apply leeches excited the most extraordinary alarm in her mind ; she exclaimed immediately — " Oh, I can never have leeches ; I shall die if I have leeches. Her breathing became very much hurried and laboured, her apprehension for her ultimate recovery so great, that every means of quieting her alarm failed ; palpitation of the heart succeeded, with delirium and great prostration of strength, with violent perspiration, and in spite of all treatment, she died at one a.m., the next day, breathing to the last in the same laborious manner.

I remember in a trial for abduction, which took place in this county some years since, in which the counsel for the prosecution took uncommon pains to impress the jury with the belief of a most improbable story, which eventually was proved to be a fabrication, that the judge in summing up, told the jury, that there was nothing improbable in the girl's story, for that it was impossible to estimate the effect of fear on the human mind, and a verdict was given in accordance with that opinion. I can call to mind several instances in which fear has produced the most distressing and alarming effects, but I was sceptical as to its extent until I witnessed this case.

Br.dgewater, June, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 26, 1844.

We had hoped before this to be able to communicate the heads of the long-promised bill of Sir James Graham, for the regulation of the medical profession, but day after day, and week after week, are still allowed to pass without the looked-for measure making its appearance. Last week the House was counted out on the day fixed for its introduction. What cause of delay is to befall it this week we profess not to be able to foresee ; but it is sufficiently evident, that with a session rapidly running its course, unless more determination is shown by the Home Secretary to bring forward the bill, there will be little time allowed for the consideration and discussion of its provisions, if indeed it be intended to pass into a law during the present session. In this uncertainty therefore as to the measure itself, and in the absence of any official information respecting its nature, our readers may perhaps be willing to receive what has been suffered to transpire through other sources. That which bears the most authentic character, and from which, probably, some conjecture as to the actual intentions of the Government may be formed, is the address of Mr. Carmichael, recently delivered before the

Medical Association of Ireland. From this address it would seem, that the heads of the measure have been learned, how it does not appear, and approved by the Council of the Dublin College of Surgeons, and subsequently by the Council of the Medical Association of Ireland, and we further gather something of what the Bill does enact, and more, perhaps of what it does not.

According to Mr. Carmichael, the Bill does not proceed to the full extent in reforming the profession deemed necessary by the Irish Association ; it does not unite, as they desired, physic and surgery into one faculty, by combining the Colleges of Physicians and Surgeons ; it does not separate, as they desired, the practice of pharmacy from the practice of medicine ; it does not deprive, as they wished, the nineteen or twenty medical colleges or corporations of the licensing power, and substitute in their place three others in London, Dublin, and Edinburgh ; it does not, it would seem, contain any clause enabling the general practitioner to recover by law, that remuneration to which he is entitled for his visits and professional advice, nor any clause depriving him of the power of obtaining remuneration for the medicines supplied to his patients.

On the other hand the bill enacts, or is said to enact, that all general practitioners shall, in future, undergo sufficient examination in both physic and surgery for all practical purposes ; it establishes a central council, with powers to regulate the examinations, and to dictate the quantum of qualification to be expected from candidates who seek to enter into the profession ; and it deprives the Apothecaries' Company of the power of granting licences to practice medicine.

From these statements Mr. Carmichael draws the inference, that although Sir James Graham's bill does not reach to the full extent of the objects that medical reformers had in view, yet it may be considered as achieving them to a very considerable extent. It will unite physic and surgery in the person of the general practitioner, who, at a moderate computation, at least possesses nine-tenths of all the medical and surgical practice in the united kingdom. It provides for equality of qualification throughout each great division of the empire, through the power of regulating examinations to be conferred on the Central Council ; and by depriving

the Apothecaries' Company of their power of licensing to practice medicine, it lays the foundation for the separation of the practice of pharmacy from the practice of medicine.

Our readers, however, will not fail to perceive that whether these objects be desirable or otherwise, they are in the main left to be attained by inference rather than by positive enactment; and that as far as we can learn from the apparently authentic, we may say semi-official, statement of Mr. Carmichael, the great objects sought by the English medical reformers are scarcely likely to be attained.

We hear of no general qualification required from all who enter the profession, uniform and efficient in every branch of medical science. We hear of no equal right for all so qualified (excepting indeed by the inference of Mr. Carmichael) to practice throughout the whole extent of her Majesty's dominions; and the giving to the members of the profession a voice in the management of their own concerns is never even hinted at. Neither do we hear of any restrictions placed on illegal practitioners; though we are told by Mr. Carmichael that the druggists of England have lately obtained a charter, empowering them to compound medicine, and that as they will not be qualified or licensed to practice medicine, this distinct charter for pharmacy will tend in no slight degree to separate the practice of pharmacy from that of medicine. Possibly it may have that tendency as far as regards the medical profession, but unless the counter and other practice followed by druggists is prohibited by legal enactment, we see not how it is to have that effect where it is most required. We are not however going to discuss this subject here: our object has been to put our readers in possession of the information brought to light by Mr. Carmichael, as published by our contemporary, the Dublin Medical Press.

Before bringing our observations to a conclusion however, there is one point on which we are desirous of enlightening Mr. Carmichael and our medical brethren on the other side of the channel. Mr. Carmichael, in noticing the evils attendant upon the system of charging for drugs instead of for advice, and among them the danger which the patient is thereby exposed to, of swallowing too much physic, makes the following observations:—

“ Besides, under this system, the patient will run

no risk of being over-drugged, and reduced much more in constitution than even in pocket. This danger is well illustrated by a communication I had lately from my friend Dr. Little, of Sligo, enclosing a letter from a young Irish apothecary who left Sligo to settle in a provincial town in England, as it admirably describes the common practice of the general practitioners of the sister island, under one of whom our young Esculapius agreed to act as his assistant. The instructions he received from his master on entering upon his duties were:—

1st. Never to take blood with the lancet, but always with leeches, as the latter mode is many degrees more profitable; besides it is not so weakening to the patient.

2nd. Never to prescribe a mixture but always draughts, as one draught costs as much as a mixture, although it may not contain more than a sixth or an eighth of the quantity.

3rd. To take especial care that the draughts be sufficiently strong to make the patients rise six or eight times during the night; this will let him know and feel that he gets some value for his money.

With these stirring instructions our young Irish Gil Blas assures his correspondent that he proceeded briskly on his daily rounds without evincing any bowels of compassion for the bowels of others, and with corresponding efficacy and advantage.”

That such a circumstance ever did occur we much question, and certainly we would not receive it on the authority of a young gentleman, whose principles of morality were so lax as to permit him to comply with such a code of instruction.

But that this communication “ admirably describes the common practice of the general practitioners” of this country, or of any portion of it, is a foul and scandalous slander, which Mr. Carmichael himself is incapable of inventing, but the utterance of which, on the report of another, is derogatory to his character and station, and every way unworthy of him.

We may take this opportunity of announcing that the Government measure has once more been promised, and is, it is said, to come on this evening (Tuesday, the 25th). This will, however, be too late for us to give any intimation of it in the present number.

The Causes, Nature, Diagnosis, and Treatment of Acute Hydrocephalus; or Water in the Head. By JAMES RISDON BENNETT, M.D., Edin., Member of the Royal Coll. of Phys., &c., &c. London: 1843. 8vo., pp. 248.

We are not in general disposed to expect much from the class of publications to which the work of Dr. Risdon Bennett belongs. It is a prize essay, crowned, as our neighbours on the other side of the channel would say, with the Fothergillian gold medal for 1842; and prize essays, though frequently very meritorious productions, and highly creditable to their authors, too often savour as much of the immaturity of the forcing frame as of the midnight oil and labour of the essayist. Doubtless they have their utility, but we conceive this is generally more apparent as regards the candidates for the award, than the information to be derived from them, or the influence which they exercise on the progress and advancement of science. The treatise before us, however, is of a different character, and forms a marked exception to the observations which we have just made. The materials from which it has been composed have evidently been derived from some observation, and from close reflection, as well as from collation of the opinions of others, and the result is worthy of the Secretary of the Sydenham.

The work consists of seven chapters, in which are considered in succession: the General Characters of the Different Varieties of the Disease, with the Progress and Order of Succession of the Symptoms; the Statistics of Hydrocephalus; the Morbid Anatomy; Ætiology; Pathogeny; Diagnosis; and Treatment; together with an Appendix of illustrative cases.

Dr. Bennett recognizes four forms of genuine hydrocephalus:—1st. The *gradual* form, which, though more chronic than the exquisite examples of the disease, is that in which what is called acute hydrocephalus, is commonly met with in practice. 2nd. The *insidious* form, well described by Dr. Abercrombie, in his work on Diseases of the Brain and Spinal Cord. 3rd. The *acute, febrile, or inflammatory* form, that of the older pathological writers; and 4th, *consecutive or secondary* hydrocephalus, the “Wasserschlag, or water-stroke of Göllis.

In addition to these varieties of the genuine disease, Dr. Bennett describes and points out the diagnostic characters, certain affections, which, from their resemblance to true hydrocephalus, he terms pseudo-hydrocephalus. One class of these cases has been called hydrocephaloid diseases, by Dr. Marshall Hall, and described by Drs. Abercrombie and Gooch, as well as by that distinguished pathologist. Another variety of the false hydrocephalus has been described by Dr. W. Nickoll, under the term *eretheism*, or irritation of the brain in infants. A third variety is attributed to torpor of the brain. Under each of these

forms of disease will be found a short account of their characters and progress, sufficient to enable the reader to diagnosticate them, and references to the writings of Abercrombie, Cheyne, Göllis, Gooch, Marshall Hall, Hopfengärtner, Nickoll, Whytt, and others, from which more full information may be obtained.

The second chapter, which treats of the statistics of hydrocephalus, we are compelled to pass over almost without notice. We cannot however suffer the remarkable testimony to the mischievous effects of the great-town system to escape us. It is derived from the statistical details furnished by some American writers. Thus from an enquiry concerning the disorders and functions of the brain, &c., by Dr. Brigham, of New York, it appears “that while the population of New York has only quadrupled in the last thirty years, the deaths from inflammatory affections of the head, or from inflammation and dropsy of the brain alone, have increased more than *twelvefold*.” And again in Boston, (U.S.) the population of which in 1790 was 18,038, with 201 square yards to each inhabitant; and, in 1837, 80,325, with only 49 square yards to each person, affording an increase of density, as 5 to 1, while the mortality per 1000 from apoplexy and convulsions remained nearly the same, that from hydrocephalus was more than trebled! “These statements” says Dr. Bennett, “may be allowed to produce their natural effect on the mind of the reader without any comment on my part. I would, however, simply remark, that the increased mortality from hydrocephalus in crowded cities must be attributed, not merely to the influence of climate on the children, but also to that exerted on the parents, and therefore, in some measure, to the increase of hereditary predisposition, one of the most important causes of the disease.”

We now turn to the morbid anatomy, which forms the subject of the third chapter, and affords much scope for attentive consideration. In detailing the morbid appearances, the author follows to a certain extent the arrangement of Dr. Nasse, and notices in succession the cases in which no marks of an inflammatory nature, or only such as are of doubtful character are found; those in which, in connexion with various morbid appearances within the ventricles, there are found distinct marks of meningitis, either of the base or convexity of the brain; and those in which equally distinct marks of a similar character have been seen in the ventricles, and in the substance of the brain. He then notices separately those evidences of morbid action, within the head, which are of a character distinct from inflammation, though often connected with it; and finally the morbid states of other organs associated with cerebral disease.

Dr. Bennett, in accordance with the opinion of many eminent pathologists, rejects the idea that the changes observed in the brain of those dying

from hydrocephalic disease are always to be regarded as the results of inflammation, and he appeals to the cases published by Mills, Bricheteau, Dr. Bright, Berton, Andral, and others, in many of which the effusion of fluid was the only notable morbid deviation observed. There is, however, an indefiniteness of expression in several of the instances referred to, particularly of those in which traces of increased vascularity were observed, that without at all questioning the correctness of the view taken by Dr. Bennett, would lead us at once to reject them as inconclusive, and of little or no value for the purpose for which they are brought forward.

Leaving the consideration of simple effusion, the nature of the softening so frequently observed in the corpus callosum, fornix, septum lucidum, and other parts forming the walls of the ventricles, next engages the attention of the author. Dr. Abercrombie, it is well known, considers this softening as the termination of inflammation in the parts in which it is observed to occur. Dr. Bennett hesitates to view it as such, and brings forward various arguments in support of the opinion which he is inclined to take. After an excellent description of this peculiar morbid change, he proceeds to show the grounds on which he is disposed to question its inflammatory origin. "The substance of the brain," he observes, "throughout, when the lesions of which I am now speaking are the only ones met with, is paler, rather than redder, than natural: when this is not the case, there will generally be found more or less decided evidence of inflammation of the membranes. Although sometimes associated with important changes in the lining membrane of the ventricles, this degeneration of the cerebral matter is generally unaccompanied by anything more than slight opacity of the arachnoid. In the simple cases, however, it will usually be found that the serous membrane lining the ventricles has not lost its natural smooth and glistening appearance, and their walls are in general remarkably white. But, even when the lining membrane appears opaque and thickened, this is in general owing simply to its infiltration with serum from contact with the surrounding softened cerebral matter, and the fluid in the ventricles."

With respect to the turbid appearance of the effused fluid, which when the softening is extensive, or the ventricles are carelessly opened, is not unfrequently observed, Dr. Bennett remarks that "it depends on the falling in of the softened cerebral matter, and the mingling of the pulp, to which it is reduced, with the previously clear watery fluid," rather than upon any admixture of coagulable lymph or purulent matter to which this appearance is sometimes attributed.

Other arguments subsequently adduced in support of the occasional non-inflammatory nature of this softening of the nervous centres so commonly observed in hydrocephalus, are derived from the similar morbid change taking place in the brain of

old people, which is now very generally admitted to be owing to other causes; from the great extent of the degeneration which has sometimes been noticed; from its occurrence under circumstances rendering the existence of inflammation improbable, and from its being sometimes observed to be associated with general debility of the system, in cases of phthisis, for instance in which the lesion has been not uncommonly observed, and sometimes without the occurrence of previous cerebral symptoms. Examples of this kind have been noticed by Louis, and the same author has also related an instance of sudden death occurring to a person apparently in good health, where extensive softening of the central parts of the brain was found.

In reference to the recent microscopical investigations, into the nature of encephalomalacia or softening of the brain, by Gluge, Valentin, and Dr. Hughes Bennett, the author observes that they are valuable, "as proving that morbid material changes may exist in the brain that are not detectable by the unaided sight;" but that "they by no means prove that the majority of the cases of white softening seen in hydrocephalic diseases are of inflammatory origin; for, in the first place, it is not affirmed that the 'exudation corpuscles' are seen in all cases of white softening; and, in the next place, in many instances in which they have been seen, there has been no other evidence of inflammatory action, and therefore no reason why we should not consider them merely as proofs of perverted nutritive action."

The morbid appearances found in that class of cases in which there are unquestionable traces of inflammation, either of the membranes of the brain, or within the ventricles, we pass over, and proceed to turn our attention to the indications of scrofulous action, connected with the cerebral organs, which constitute an important feature in numerous cases of hydrocephalic disease. Several highly interesting cases of tubercular disease of the brain have been recorded in the Provincial Medical Journal, by Dr. Hennis Green, and the intimate connexion of these cases with the remarks made by Dr. Bennett, on this part of his subject, is sufficiently evident. Tubercular degeneration has been assigned as the most frequent cause of acute hydrocephalus, both by Dr. Schweninger and M. Ruz, and the former of these authors infers that infantile hydrocephalus consists in effusion consequent on tubercular degeneration, and that the meningitis which accompanies it, presents in itself nothing peculiar, and though a frequent complication, is not necessarily to be considered as a cause. The close connection between hydrocephalus and scrofula has been long and very generally admitted; but it is to Dr. Hennis Green that we are mainly indebted for pointing out the frequency with which cerebral tubercle accompanies this disease.

Dr. Bennett mentions three forms under which tubercular matter may be deposited in the brain or its membranes. 1st. That of caseous matter found in patches or extensive layers, chiefly on the surface of the pia-

mater, between the convolutions, and usually most abundant at the base of the brain, along the fissura Sylvii, and the course of the large vessels: 2nd, that of granulations or miliary tubercles, deposited on the surface of the pia-mater, either scattered, singly, or collected into groups of various sizes; and 3rd, that of solid tubercular matter in large masses imbedded in different parts of the cerebral substance. It is the second form, that of granulations, which seems to have attracted the attention of M. Gerhard, Ruzf, Dr. Green, and others; and the frequency of which has led these authors to the conclusion that they constitute an essential character of acute hydrocephalus.

The occurrence of tubercular deposition in cases of hydrocephalus in other organs besides the brain, is deserving of careful examination, and many curious and valuable observations have been collected respecting it. We regret that we are unable here to do more than glance at this important question. Our readers will, however, do well to pursue it for themselves, and to refer to the work of Dr. Bennett for information upon this, as well as upon several other questions of interest connected with the subject, which we are compelled to pass over.

From the account which we have already given of a portion of the contents of this work, some judgment may be formed of the whole. It is with considerable pleasure that we commend it to the attention of our readers as a well-digested summary of what is known on the disease of which it treats.

BIRMINGHAM PATHOLOGICAL SOCIETY.

April 6th, 1844.

J. M. WADDY, Esq., M.D., in the Chair.

Dr. Fletcher exhibited to the Society, a heart taken from a female subject, aged 19, which weighed 1 lb. 11 ounces, affected generally with hypertrophy and dilatation, and ossification of the aortic, sigmoid, and mitral valves, but with very slight diminution of their orifices.

Sept. 4, 1843.—Mary Ann Hensham, aged 19, residing in Birmingham, applied for relief, complaining of cough and shortness of breathing, which were much increased on any exertion; she had been ill for some time, but had become much worse latterly. She complained also of pains in the chest, impaired appetite, and irregularity of menstruation. She suffered from giddiness, and was generally weak.

The cough and expectoration are now severe, the head painful, bowels constipated, tongue coated, pulse quick; the pulsation of the arteries in the left arm almost absent.

Examination of the chest.—A very evident pulsation is perceived in the right supra and subclavicular regions. The respiratory motions of the chest are feeble.

Percussion.—The region of the heart is more extensively dull than normal, the dullness extending upwards upon and on each side of the sternum, and to the right subclavicular region. The other parts of the

chest sound equally clear, but not generally so clear as is ordinarily the case.

Auscultation.—The sounds of the heart are marked by a harsh sawing sound, which is more intense as the chest is examined nearer to the right subclavicular region, where the pulsation has been described as being situated, and here it is of a very harsh sawing character, accompanying the first sound of the heart, and in its prolongation assuming a regurgitating character. The respiration is rather more feeble on the left side than on the right, and accompanied in all parts with a mucous rattle.

The pulsations of the right carotid and subclavian much more intense than the left, and they seemed as large again in calibre.

Under the remedies used the bronchitis gradually subsided, and the general aspect of the patient appeared better. During the last two months of her existence she gradually got worse in every respect. General anasarca came on, the urine became scanty, but was not albuminous; and three days before death the pulsation and thrilling in the right clavicular regions entirely ceased. She died on the 18th of January, 1844, at half-past eleven, p.m.

Post mortem examination, January 21st, 8 a.m., fifty-six hours after death.

Body emaciated, decomposition commencing. Head not examined.

Chest.—Adhesions of the right pleura at its diaphragmatic portion. Lungs healthy, but compressed by the heart and contents of the pericardium, which occupied the whole anterior part of the chest. The pericardium, previous to its being opened, extended anteriorly from the upper to the lower part of the chest, and measured at least four inches across in all situations. It did not contain more than an ounce of fluid.

The heart was very much enlarged, and when freed from blood, weighed 1 lb. 11 oz. Its greater size is principally formed by the left ventricle. The right auricle dilated about one half above its normal size. Tricuspid valves healthy. Right ventricle normal, but situated at the upper and right side of the enormously hypertrophied and dilated left ventricle. Semilunar valves of the pulmonary artery healthy. Left auricle dilated to about double its normal size. Mitral valve thickened and ossified; the aperture of communication between the auricle and ventricle contracted about a third less than normal. Cordæ tendinæ and columnæ carnæ of the valve, thickened. Left ventricle enormously dilated, and its valves very much thickened. This ventricle seems to form the principal portion of the heart, the right ventricle and auricles being attached as appendages; it was situated in the middle of the chest under the sternum, and by its increased size had forced the right auricle up into the inner portions of the right supra and sub-clavicular regions, into the situation in which the pulsations existed during life. The aortic semilunar valves thickened, and ossified; the aperture of the aorta about normal. The ascending aorta dilated, the arteria innominata, the right common carotid in its whole course, and the commencement of the right subclavian dilated to about double their size.

Abdomen.—Liver enlarged and congested, all the other organs of this cavity and of the pelvis healthy.

Dr. Fletcher said, that this case presented points of great interest in the similarity of the physical signs it afforded to those which would have been present in an aneurism of the arch of the aorta, attended with dilatation of the arteria innominata, and its divisions—namely, pulsation and various sounds in the right sub and supra-clavicular regions; dulness on percussion in the same situation, and underneath the upper part of the sternum; a difference in the degree of respiration in the two sides of the chest, and in the pulsations of the arteries at the wrists. It must also be borne in mind that this patient complained of pains in the chest, difficulty of breathing, and all the symptoms common to obstruction to the functions of respiration and circulation of the blood. Indeed the only drawback upon a diagnosis in this case, of an aneurism of the arch of the aorta, with dilatation of the innominata and its branches, pressing upon some portion of the left bronchus, and also upon the left subclavian artery, appears to be the cessation of all pulsations in the clavicular regions just a few days previous to death.

Mr. Elkington addressed the Society in the following remarks:—

The first preparation I have to present to the Society is a specimen of tubular polypus of the rectum. The patient from which it was removed was a child fourteen months old. It had been ill three months; was frequently troubled with diarrhoea and vomiting, which were thought to arise from teething. I saw the child with my brother, on Friday evening, March 8th. There was at that time a small substance hanging down from the rectum, about one inch in length. It had very much the appearance of the end of a lumbricus; the end being curved towards the perineum. On passing the finger into the rectum, it was found to be from two to three inches long, and attached to the right side, about two inches above the anus. It had only passed through the anus that day. The child was very pale and restless, and constantly vomiting and straining; the pulse quick and feeble. When my brother called the next day, he found rather more of the substance down, and slight prolapsus of the gut, which he returned.

Sunday, March 10th.—We found about three inches of the intestine down, and the whole of the polypus external, its attachment being fully exposed. It was rather conical in shape, the apex being thinner than the base, or the part attached to the mucous membrane. Above its upper surface there was a deep sulcus, but by putting the membrane on the stretch, its attachment could be exposed both above and below. It felt tubular, and had something the appearance of the appendix cæcum. The child vomited frequently, was constantly straining, and each effort forced down more of the intestine; it was restless, and constantly tossing itself about; the pulse very feeble. The only chance of saving the child appeared to be the removal of the polypus. My brother tied a ligature round it, and then cut it off. He then returned the intestine, and applied a pad and bandage. Immediate relief was obtained; the sickness and straining abated, and the child gradually improved. In less than a week it was convalescent. The day after the operation there was slight prolapsus, but it was easily returned, and did not occur again.

The next preparation is a specimen of ossification of

both uterine arteries and scirrhus of the ovary. It was removed from a poor woman, aged 65, who was found dead in her room. On examination of the body, it was found that she had died of apoplexy from rupture of the basilar artery. There was ossification of the vertebral, splenic, and other arteries. The uterine artery on each side, you will perceive, is ossified throughout its extent, and there is scirrhus enlargement of each ovary; the right is about the size of a pigeon's egg; the left smaller. When cut into, it was found to be of a semi-cartilaginous texture.

Mr. Simons presented a sketch of the head of a monstrosity, in which the right orbit and right side of the face was occupied by a soft pulpy tumour, and gave the following particulars of the case:—

In the beginning of March, I was called to Mrs. H—, a very fine and healthy woman, then in labour with her sixth child. Upon examination the os uteri was fully dilated, the membranes very tense and distending the vagina; I could not feel the presenting part. I tried by the usual means to rupture the membranes, but they would not give way. After satisfying myself that it was not the bladder, I passed a pair of scissors along my finger and punctured them. I then passed my hand onwards, felt the child's hand, and, with little difficulty, (my hand having prevented the discharge of the water,) turned, when I waited the action of the uterus. The child was expelled in about ten minutes. There was an immense quantity of liquid

The child, a male, was fully formed and well developed in the left side of the face, the whole of the trunk and extremities. The malformation concerned the head and right side of the face. Viewed externally, the whole arch of the cranial bones was deficient, the top of the head being flat and shelving from the level of the eyes, backwards to the usual level of the occipital protuberance; this was covered with a hairy scalp, under which appeared a lamina of bone. On the right side of the face there appears an entire absence of the superior maxillary bone, frontal bone, malar bone, alæ of the nose, orbit, eye, and ear, and occupying this space and the anterior third of the right side of the cranium, there is a large fungous-looking mass, yielding to the touch, of the consistence of brain. The mouth was wide open, the under lip perfect, and the lower jaw well formed. This fungous-looking mass appears to commence in the mouth from the back part of the palate, then comes forward to the middle of the upper lip, passing over which, it is attached to the right side of the nose, which is very imperfectly formed, up to about the superciliary ridge of the frontal bone; it then passes over the right temple to about the situation of the malar bone, where it again dips down into the mouth, the mouth on this side extending itself up to that situation. This fungous mass was covered by a thin vascular membrane continuous with the common integument, which terminated abruptly around its base. Its colour was deep red; its size after death, that of a large hen's egg; during life it was much larger. Instead of an ear on the right side, there is only a fleshy appendage, in shape somewhat similar to the ear, but neither cartilaginous nor more than one quarter the size of the other ear, which is perfect; there is no eye nor vestige of one on this side. The child cried strongly immediately after birth. The left eye, which is very prominent, was well formed, but much con-

gested. I held the candle near to the eye, but could not see whether the pupil was affected by it; but the child exhibited feelings of uneasiness, endeavoured to close the eyelids, and threw its head back. Pressure upon the tumour did not appear to give more pain or uneasiness than pressure upon any other part of the body; I neither saw nor felt any pulsation in it. The child was constantly moaning and throwing its head back, with a convulsive motion. I did not observe any convulsive motions in the extremities. The next morning, it was still alive, had been crying all night, and had not passed either fæces or water. The whole of the body was much swollen, and of a mixed red and leaden hue; the muscles were very hard and rigid, the joints of the extremities stiff, the eye dull and devoid of moisture. I could place the point of my finger on the front of the eye, without appearing to give the least pain, or the child attempting to close the lids. In the middle of the day the child appeared about the same, with the exception that the limbs were more pliable, but still hard. I attempted to feed it, but in doing so almost suffocated it; it continued in the same condition until the next morning, when it died, having lived about sixty hours.

The dissection was hasty and imperfect from unavoidable circumstances. The pericranium extended over the mass from the bones of the head, as a firm dense membrane; the occipital bone was very imperfect; the parietal bones were imperfect, overlapping each other, and curled up in front to make way for the contents of the tumour. The frontal bone seemed entirely deficient, so that the left eye had no bony roof. The base of the skull was much contracted, and contained little more of the brain than the medulla oblongata and the cerebellum. The tumour contained a small imperfectly-formed brain, which passed out of the skull through an opening left by the deficiency of the greater part of the superior maxillary bone, the malar, and frontal bones. The brain consisted of a few large convolutions, it was divided by the falx (in which existed the sinus) into two hemispheres, of which the left consisted of two lobes. Of the structure of the brain I can say nothing, it was so soft and pulpy, and so much injured by the very difficult and hasty dissection, that we were obliged to content ourselves with noticing these few peculiarities.

A sketch was exhibited, which gave a most faithful representation of the appearance of the child's head.

Mr. George Elkington then presented to the Society a fungoid tumour from the scapula; a fungoid tumour from the groin; and a portion of lung, in which fungoid disease was developed, taken from a patient, of whom he gave the following particulars.

John Dagmore, aged 38, manufacturer of measuring tapes, first consulted me on the 2nd of September, 1843, in consequence of pains in his left shoulder, extending over the region of the scapula, and down the arm. He stated that he had felt them coming on for a month or six weeks, but that they continued to get worse. He considered them of a rheumatic character, and had been using various remedies, suggested by his friends, without obtaining relief. He also complained that his cough, to which he had occasionally been subject for some years, and which was owing to slight bronchial inflammation, was worse, and greatly increased the pains in his shoulder and arm. He at

the same time directed my attention to a small tumour in the left groin, which was about the size of a small walnut, very hard, not painful nor tender on pressure, and firmly attached posteriorly. I was particularly struck on his entering the room with his altered appearance; usually thin, and of pale complexion, his countenance was shrunk, and expressive of anxiety and suffering. I simply ordered him an anodyne embrocation until I had an opportunity of examining him more particularly.

I saw him at home a few days afterwards, and on examination discovered a tumour occupying the lower third of the infra-spinous fossa of the left scapula; it was rather flattened, its posterior surface being convex, about three-quarters of an inch thick in the centre, and becoming gradually thinner towards the margin of the scapula. The skin was not at all discoloured; the tumour had a slightly elastic feel, was tender on pressure, and appeared to be simply attached to the scapula, with which it could be moved in any direction, but independent of which it could not be moved at all. The pains he complained of in the shoulder and arm, appeared evidently connected with this tumour, and were greatly increased by any friction or pressure upon it.

Having attended his mother about two years before with malignant disease, (medullary sarcoma of the clavicle,) and considering from his general appearance, and the examination I had made of the tumours, that they were most probably of the same character, I advised him not to apply anything to the tumours, and simply prescribed anodynes to relieve his pain, and palliatives for his cough. The tumour in the back gradually increased in size, involving more of the scapula as it extended upwards towards the spine of that bone, and becoming more prominent towards the axillary margin. The pain in the arm became gradually worse, and extended lower down, to the elbow, and sometimes to the fingers; the tumour also increased in tenderness, so that he was scarcely able to bear the pressure of his clothes. The tumour in the groin remained stationary for some time, and did not afford him any uneasiness; it then became more superficial and moveable, its surface assumed an uneven or tuberculous appearance, the cutaneous vessels immediately over and around it gradually increased in size and number, and shortly before his death he experienced considerable tenderness in it, with occasional pains shooting down the fore part of the thigh.

The progress of the case exhibited no particular feature until a fortnight before his death, when on getting out of bed he was suddenly seized with an acute pain in the middle of the dorsal region of the spine, from thence shooting forwards through the right breast. This was accompanied with violent dyspnoea, swollen and livid condition of the face and extremities of the fingers. For some hours his face remained quite purple, almost amounting to blackness; the eyes were prominent, as if ready to start from their sockets, and the expression of his countenance was one of extreme agony. He was for several hours quite unconscious, his body bedewed with a cold perspiration, the pulse rapid, very small and compressible, and he appeared as if every minute would terminate his life. Morphia with sulphuric æther, ammonia and brandy, were administered pretty freely, and in about eight or ten hours he

manifested a little improvement. The breathing became a little more tranquil, the lividity of the countenance diminished, and he was able to effect a slight change of position, which he could not endure before, remaining in a sitting position, with his body bent a little forwards. Consciousness gradually returned; first talking incoherently, and then for a short time in a collected manner, relapsing soon again into a state of coma. The following day he appeared much relieved, he got some comfortable sleep in the night, his breathing was easier, the pain diminished in severity, and the expression of his countenance was much improved. He now complained of a burning sensation in the right breast, and still felt the pains shooting through from the spine. From this period to his death he continued to suffer great pain, with occasional mitigations. During the last few days he became extremely restless, wishing to be moved from one room to another, and the day before his death, dressed and came down stairs. I saw him the evening before he died; he was then down stairs, but wore every aspect of approaching death; his pulse was scarcely perceptible, countenance wild and anxious, delirious at intervals, and extremely restless and impatient.

Post mortem examination of John Daymore.—Body considerably emaciated. The tumours in the groin and shoulder were dissected out; the former was found to be firmly adherent posteriorly to the femoral vessels, the latter was solely connected to the scapula, involving about two-thirds of the infra-spinous fossa of that bone. On making a section of these tumours they were found to be of the same character, each presenting a reddish appearance, and becoming rather more of a yellow colour towards the centre. They cut pretty firm towards the surface, but were rather softer in the middle, where they had a medullary consistence, the outer part being firmer, and not very unlike the structure of the pancreas. The tumour in the groin was rather firmer than the one in connection with the scapula, and its external surface was more uneven. The tumour from the scapula was free from bony matter except at the upper half of its margin, where the two layers of compact tissue forming the dorsum of the scapula, appeared to separate and diverge from each other, terminating in an irregular edge which projected a little way into the substance of the tumour, the periosteum being continued over the surface of the tumour, and forming a distinct capsule, which invested and firmly adhered to it. The triangular space left between the diverging laminæ of the scapula, contained numerous spiculæ of bone which gradually diminished, and a short distance from the circumference of the tumour entirely disappeared. From this arrangement of parts it would appear that the morbid deposit first commenced in the cellular texture of the bone, causing separation of the compact laminæ, and then entire absorption of them, together with the intervening cellular texture.

On opening the chest, some old adhesions were observed between the pleuræ on the right side; the posterior part of the right lung was very dark, being much gorged with blood, and at the upper part of the posterior edge a hard tumour was felt about the size of a large walnut. On making a section of it, the divided surface presented a mottled appearance, being

of a yellowish colour in the centre, with a number of vascular, tubercular points, and towards the circumference it was of a deep purple or dark red colour, intermixed with yellow. In the centre was a small cavity, containing about four and a half drachms of glairy fluid, of a greenish yellow colour. This tumour appeared similar to those found on the external part of the body, but was rather softer, and in some parts more vascular. The pulmonary tissue immediately surrounding it was of a very dark red colour. The bronchial tubes contained a considerable quantity of mucus, and their lining membrane was more vascular than natural. The lungs were otherwise healthy. The viscera of the abdomen were healthy. The brain was not examined.

The interest of the preceding case is much increased from its connection with the one before related, the subject of which was the mother of this individual. The structure of the tumours in each case appeared of the same character, but their progress was somewhat different. The disease was confined to one locality, the right clavicle, in the mother, and proceeded more rapidly to its termination, whilst in the son it proceeded more slowly, and was simultaneously developed in distant parts of the body. The integuments soon became disorganized in the mother's case, and ulcerated, considerable hæmorrhage taking place from the ulcerated surface. There was also one other peculiar feature in this case, viz., its sudden appearance. When I was called to her it was about the size of a chesnut, and had only been discovered half an hour, the person who was in the habit of washing and dressing her, confidently assuring me that there was not the slightest appearance of any tumour *two days* before. She had however complained of aching pains in the arm and shoulder for some weeks, and it would appear that the disease commenced here, as in the tumour removed from the shoulder of the son, in the cellular structure of the bone, that it gradually distended and attenuated the compact tissue, and that as soon as this gave way the diseased mass within immediately protruded, forming a kind of hernial tumour, and thus accounting for its very sudden appearance.

Dr. Fletcher then exhibited to the Society the head of a femur, of which a section had been made, and portions of the lumbar vertebræ, together with the spleen, in which was a small abscess, taken from the body of a young girl named Ellen Barton, who had suffered from a large psoas abscess, from the effects of which she had died on the 28th of December, 1843.

She became a patient at the General Dispensary, about three months previous to her death, when there was great emaciation and constitutional irritation. The right thigh was rigidly flexed inwards, and anteriorly to the opposite thigh, by the contractions of the psoas and iliacus and its adductor muscles. No enlargement about the joint was discovered, nor fluctuation, nor any enlargement in any situation, until about a month before she died, when it was discovered that the right flank was thicker than the left. This rapidly increased and extended downwards into the inguinal, and upwards into the lumbar, regions, and projected outwards over the ilium, within a week from the time the thickness in the flank was discovered, and fluctuation became very distinct. A small puncture

was made into it in the lumbar region, which gave issue to upwards of a quart of very fetid pus; when, at first, she seemed to improve, but afterwards became weaker, emaciation and constitutional irritation still increasing in spite of tonics, and a generous diet with porter and wine. A large quantity of fetid pus was daily discharged from the puncture up to the time of her death.

Post-mortem examination, December 30, 1843, thirty-six hours after death. Body, extremely emaciated, not decomposed. Head:—Not examined. Chest:—This cavity much encroached upon by the diaphragm being pushed upwards by a very much enlarged liver. Right lung healthy. Pleura adhered at the lower part; four ounces of purulent fluid in its cavity. Left lung healthy, but compressed. Firm and old adhesions of the pleura which were so general as completely to obliterate its cavity. Heart and large vessels healthy. Abdomen:—Liver twice as large as normal, fatty, and soft in consistence. Spleen normal in size and in structure, with the exception of a small abscess which existed in its anterior portion, having a thick cyst, and containing thick pus. Pancreas healthy. Stomach very much contracted. Intestines healthy. Right kidney large but healthy. Left kidney normal. Ureter, bladder, and genital apparatus, healthy.

A large abscess occupied the left inguinal region, and extended up as high as the origin of the psoas muscle, which, together with the internal iliac muscle of the same side, was softened and atrophied. Their structure seemed quite destroyed; the abscess extended also along their combined tendons down to their insertion into the lesser trochanter of the femur. The lumbar vertebræ, fossa of the os ilium, the grooves of the os pubis in which the tendons of the psoas and iliacus pass, and the lesser trochanter of the femur, at the insertion of these tendons, were much corroded, and denuded of their periosteum; otherwise these bones appeared healthy. The abscess was very large in extent, it occupied nearly all the posterior part of the right side of the abdominal cavity, and was capable of containing considerably upwards of a quart of pus.

Dr. Fletcher said that the origin of this disease seemed obscure, inasmuch as there was no tubercular deposit in any of the organs of the body, nor other evidence of strumous diathesis, upon which lumbar and psoas abscesses usually depended.

Dr. Fletcher then exhibited an enlarged heart, taken from a girl nine years old; all the cavities seemed equally dilated; the right auriculo-ventricular aperture was dilated to a very great extent, and the valves closed it imperfectly. She had formerly had a severe attack of rheumatism, and had ever since been troubled with palpitations of the heart, there was a rushing souffle most audible at the apex of the right ventricle at each systole of the heart. She was the subject of general anasarca and much shortness of breathing, the urine was very scanty, and previous to death became slightly albuminous.

On examination of the body, the heart was the only organ found diseased to any extent; its state was as above described, and the kidneys were congested with blood, but did not appear granular. All the other viscera of the chest, abdomen, and pelvis were fairly

healthy, except the lungs, which were congested. The head was not examined.

Mr. Clayton then brought before the notice of the Society a specimen of strumous disease of the hip-joint, which had been taken from a patient of Mr. Hodgson in the General Hospital, and read the following statement of the case:—

Ellen Southall, aged 13, living at Oldswinford, was admitted into the General Hospital on the 23rd of March, 1844, under the care of Mr. Hodgson. She states that about two years and a half ago she first felt her hip stiff and a little painful, but was able to walk about until twelve months ago, when her hip became extremely painful, and presented the appearances it does at the present time; she was also much troubled with cough and tightness of the chest.

Present state. She is very emaciated and exsanguineous. The right thigh is projected forwards, and she rests on the tips of her toes. The hip appears as if it was dislocated on to the dorsum of the ilium, forming a considerable prominence there. Percussion and auscultation of the chest gave the usual signs of phthisis. An anodyne treatment was adopted, but without benefit, as she sank on the 4th of April.

Secutio Cadaveris. Body much emaciated. Head not examined.

Chest:—Lungs studded with tubercles throughout; some crude, others in a softened state. Heart healthy. The liver was fatty; all the other viscera healthy.

Hip joint:—The capsular ligament was thin but entire. There was a considerable quantity of pus in the cavity of the joint. The cartilages were destroyed and the head of the bone ulcerated. The ligamentum teres was also destroyed, but the bone was retained in its situation by adhesions, which were very general. The acetabulum was ulcerated, so that there was a communication between the joint and a large abscess which lay between the internal part of the pelvis and the deep pelvic fascia and peritoneum. The cancellated structure of the femur, as also that of the bones of the pelvis, were highly vascular, and so soft as to be readily cut through with a knife.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

(MEETING OF THE SUFFOLK BRANCH.)

The Annual Meeting of the Suffolk Branch of the Provincial Medical and Surgical Association was held at the Guildhall, Bury St. Edmunds, on Friday, the 7th of June.

Among the members present, were—Dr. Probart, Dr. Ranking, Dr. Hake, Mr. Smith, Mr. Creed, and Mr. Wing, Bury St. Edmund's; Dr. Bedingfield, Mr. Bree, and Mr. Freeman, Stowmarket; Mr. Peck, Newmarket; Mr. Mudd, Hadleigh; Mr. Ebdon, Haughley; Mr. Cuthbert, Mendlesham; Mr. King, Hartest; Mr. Vincent, Botesdale; Mr. Kent, Walsham.

On the motion of Mr. Bree, seconded by Mr. Kent, Dr. Ranking was called to the Chair, and commenced the proceedings by reading an Address, in which he took a review of the progress of the science of medicine during the past year.

Two cases of acne indurata, cured by an ointment of the ioduret of sulphur, were then read by Dr. Durrant, of Ipswich.

The observations of Dr. Bedingfield, of Stowmarket, on a case of warty excrescences, arising from the rima glottidis, and on urinary calculi which followed, we here subjoin.

GENTLEMEN,—A case has been recently published by Dr. Stokes, in the Dublin Medical Press, and reprinted in the Lancet and other journals. The case is of a highly interesting character, and, I believe, of rare occurrence: at all events, I have only met with one similar to it in the course of my practice; and it struck me, as I was leaving home, that there might be some gentlemen present at this meeting who would be gratified by having an opportunity afforded them of inspecting a preparation of the morbid parts. I allude, gentlemen, to a case in which the Rima Glottidis was closed by "Warty Vegetations."

The parts which I have now the pleasure to submit to your examination, were taken about twelve months ago from a boy of seven years of age. With the early history I am unacquainted; but when the patient first came under my observation he was labouring under nearly all the symptoms so graphically described by Dr. Stokes; that is to say, "He was extremely emaciated—his countenance pale—lips blue—mouth, teeth, and tongue covered with sordes, &c." but I will not occupy your time by a further enumeration of symptoms which are minutely detailed in the Dublin Press, as well as at the 17th page of the first number of the new series of The Lancet. The foul appearance of the tongue is well preserved in this preparation.

My patient laboured under the disease nearly three years, during the last three months of which the expectoration of viscid mucus was enormous; and the cough, both by night and by day, almost incessant.

It is obvious that the remedy for such cases consists in the removal of the excrescences by a surgical operation, and tracheotomy has already been successfully resorted to for that purpose; but I am inclined to think that some means might be devised for their extirpation at the rima glottidis. I, however, only throw out this hint for more mature consideration.

I will now, gentlemen, if you please, make two or three remarks upon a small collection of urinary calculi which I here present to your notice. The two central stones, numbered one and two, were expelled by the muscular power of the bladder, through the urethra of an elderly female; the smaller of the two passed in the month of August, 1828, and the larger on the following January, 1829. The former weighs four drachms, and the latter two ounces, and is the largest stone I have ever known to pass without mechanical aid. It is exceedingly compact in its structure, and when it first escaped from the urethra, it was beautifully studded with crystals of uric acid—beautiful to the eye, gentlemen, but they must have occasioned exquisite pain to the patient. Of its crystalline appearance it was unfortunately deprived, in consequence of the old lady having insisted upon wearing it in her pocket, that she might exhibit it to her friends, before she would allow me to have it: the smaller stone she wore half away in the same "*receptaculum commune*." The solidity of the large stone may be judged of from the fact that it weighs exactly as much as the eight stones by which it is surrounded.

The patient lived five years after the escape of this stone, and died at the age of 82 years; but her

existence was a miserable one, for the urethra remained permanently dilated, and of course entailed upon her constant stillicidium urinæ, so that she could not have been in a worse condition even had she undergone the operation of lithotomy. Nature is sometimes a very good surgeon, but more frequently a very bad one. Upon examination, after death, a large abscess was found in the right kidney, the ureters both enlarged, and the bladder degenerated into a mere pouch. The urethra, as I have before observed, had remained permanently dilated, and the fore finger could be passed through it into this pouch with the greatest facility. Through this large canal the urine passed away immediately after its escape from the ureters, and the necessity for a reservoir, thus being superseded, the bladder, as a reservoir, soon ceased to exist.

The small stone, marked No. 3, passed from a man aged 52, who had for years been a complete martyr to the frequent formation of renal calculi. Scarcely a month elapsed without his being tortured with them. His health gradually declined, and his spirits failed him. Under these circumstances I deemed it imperative to attempt something for his permanent relief; and as I had often succeeded in eradicating the *disposition* to the formation of *biliary* calculi, by exciting mercurial action in the system, I resolved on trying the effect of mercury in the present case; hoping that it might also remove the disposition to the deposition of calculi in the kidneys; nor was I disappointed in the expectation I had entertained.

The man recovered, and I lost sight of him for several years, when I heard that he was attended by another practitioner. I confess that I was somewhat surprised at this intelligence, for I had taken some credit to myself for the judicious manner in which I had treated him. Meeting him a short time afterwards, I had the curiosity to enquire his motive for leaving me. He replied, "I left you, Sir, because the last time you attended me, you gave me the wrong medicine." "Gave you the wrong medicine! What do you mean?" "You gave me mercury, Sir, and Dr. — told me mercury was improper." "Did Dr. — tell you so? Then, when you see him, say that I am ashamed of him; but now candidly answer me one question. Had you ever an attack of stone afterwards?" "Sir, I never had."

Although I had lost my patient I was perfectly satisfied; but it has often led me to reflect upon the slight foundations upon which professional character is sometimes built. How frequently are we censured when we deserve praise, how often are we lauded when we have done nothing to merit it! Of this the two cases I have just related form striking examples. I had attended the first case only a fortnight, when the stone spontaneously passed, and I was extolled to the skies. I successfully treated a formidable disease in the last named case, my character was impugned, and my patient taken from me. But let us not be discouraged by such untoward circumstances as these, from using all our best efforts, and concentrating all our energies, through evil report and good report, in devising means for the relief of suffering humanity.

One important fact, the narration of these cases will, I trust, tend to establish, namely, that the disposition to the formation of *urinary* as well as of *biliary* calculi,

may be sometimes destroyed by the excitement of mercurial action in the system.

No. 4 is a stone which passed from the urethra of a boy only two years of age; it is rather large for so young a subject.

The right calculi at the margin of the glass were removed after death from the bladder of a gentleman 82 years of age. They present nothing more remarkable than that they are nearly all of the same size, shape, and weight; each stone weighing, within a few grains more or less, a quarter of an ounce.

Mr. Bree related a case of strangulated hernia, in which the symptoms continued after the reduction of the tumour, and were successfully treated by the exhibition of calomel.

A case of hernia was then alluded to by Dr. Bedingfield, which was reduced by the injection of a large quantity of cold water, and

A case of apoplexy and one of encephaloid tumour of the anterior mediastinum, with drawings of the diseased parts, were brought before the meeting by the Chairman.

The following resolutions were next adopted:—

Moved by Dr. Probart, and seconded by Mr. Freeman,—“That provided the general meeting of the Association does not take place within the precincts of the Eastern division,—the next annual meeting of the Suffolk Branch be holden at Ipswich; and that E. Bullen, Esq., be requested to preside on the occasion.”

Moved by Dr. Bedingfield, and seconded by Mr. Ebdon,—“That the best thanks of the Society be offered to the Feoffees for the use of the Guildhall.”

Moved by Mr. Kent, and seconded by Mr. Mudd—“That the thanks of the meeting be given to those gentlemen who have read papers and cases.”

Moved by Mr. Peck, and seconded by Mr. King—“That the best thanks of the meeting be presented to Dr. Ranking for his able and interesting address.”

It was afterwards proposed by Dr. Probart, and seconded by Mr. King, that Dr. Ranking be requested to publish his address.

Dr. Ranking's address will appear in the next number of the Journal.

A CASE OF PARTIAL AMAUROSIS CURED BY THE AID OF URTICATION.

By M. POLTO.

A woman, 35 years of age, habitually healthy, had in September, 1835, consequent upon her last confinement, an exfoliating exanthema covering the whole body. Being exposed to cold it completely disappeared: from that time there ensued general indisposition, derangement of the digestive organs, obscurity of vision, and bronchitis. This state of things existed till the month of January, 1837. M. Polto having been called in, found the patient in bed, nearly blind, weak, and coughing continually; she could scarcely distinguish a ray of light; everything appeared to her enveloped in a thick mist; the pupil was clear but immoveable. M. Polto at once prescribed the use of hot diaphoretic drinks, afterwards dry friction, mustard poultices, blisters, and tartar-emetice ointment. There was an improvement; the cough became less troublesome, the strength revived; the dryness in the skin,

however, and the amaurosis still remained; many anti-amaurotic collyria were used, without any success. The middle of June arrived, and M. Polto proposed submitting the patient to urtication and flagellation; he gathered some large fresh nettles, and having tied them up in bundles, he operated in the following manner:—The patient lying naked upon the bed, the operator commenced beating with the nettles, the feet, legs, thighs, buttocks, trunk, arms, and neck; the head alone was spared. Immediately after she was made to lie down between two blankets, mustard poultices were applied to her feet, and hot drinks administered. She passed a most uncomfortable night, but in the morning the skin did not present any eruptive reaction. For five days the flagellation was repeated morning and evening. The skin bled in many places from the action of the nettles; she became, in consequence, dreadfully tender; and at last she was covered with a mixed eruption, partly erysipelatous, partly papular, partly purpurous, partly vesicular, partly phlegmonous, partly erythematous. Fever, conjunctivitis, cephalalgia, and tinnitus aurium ensued; full pulse, urine scanty. Blood-letting, infusion of digitalis, and tartar-emetice wine, were ordered. The symptoms abated, the eruption exfoliated, but the purpura remained for nine days; some of the papules suppurated. At the very moment of the cutaneous reaction the sight began to improve; the patient distinguished persons when they approached her, and at last the functions of the eye became restored to a perfectly normal state.—*Giornale delle Scienze Mediche di Torino.*

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SOUTH WESTERN DISTRICT BRANCH.

A report of the proceedings of the annual meeting of this branch, which was held at Plymouth on the 18th ult., will appear in our next number.

LUGOL ON SCROFULA.

We have much pleasure in announcing that it is the intention of Dr. Cowan to publish a Translation of the recent and valuable work of M. Lugol, on Scrofula.

OBITUARY.

On Thursday last, at Edinburgh, Dr. Hope, late Professor of Chemistry in the University of Edinburgh. Dr. Hope held the chair of Chemistry, from which he had only lately retired, for nearly half a century.

ERRATA.

In Dr. Kennion's Notice of the Harlow Carr Spa, p. 177, line 7, for consistent read co-existent, line 37, for extend, read restore.

TO CORRESPONDENTS.

Communications have been received from Mr. S. Hare, Mr. Wilton, and Mr. Deane.

It is requested that all letters and communications be sent to Dr. Streten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ADDRESS DELIVERED AT THE ANNUAL MEETING OF THE SUFFOLK BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

By W. RANKING, M.D., Bury St. Edmund's, Physician
to the Bury and Suffolk General Hospital.

GENTLEMEN,—The intimation of the honour of presiding over the present meeting of the Suffolk Branch of the Provincial Medical Association, has naturally excited in my mind an anxiety to discharge the duties devolving upon me, in a manner at the same time most in accordance with the objects of the Society, and most instructive to you. As it is usual for the proceedings of the day to be opened by an address from the chair, I shall endeavour to comply with the custom; the mode of fulfilling this part of my duties, however, has been a subject of much consideration with me. Two methods present themselves to me, the one is to read to you some remarks upon an isolated case or point, in medical science, the other to bring before you a review of the most interesting and practically useful additions to medicine which the last year has produced. This latter plan I have decided upon, as I believe it to be a very instructive way of passing a portion of our time, and as I have, moreover, for it, the precedent of the usual proceedings of the parent Society. Many of you, from the engrossing nature of the duties of general practice, can with difficulty find time to keep pace with the ever-teeming medical press, a brief survey, therefore, of what it has put forth since our last meeting, will, I humbly submit, be far from disagreeable to you, and those who, like myself, have more time to devote to study, will not, I conceive, be averse to have their memories slightly refreshed.

It may perhaps be expected that I shall make some remarks upon the all-absorbing subject of medical reform, but I would fain abstain from any allusion to it: it is a subject of much difficulty, and the animus which has exhibited itself in one branch of our profession, may possibly render the remarks I should make as a physician unacceptable. What little I have to say upon the subject I shall reserve for another occasion. Before I enter upon the immediate subject of this address, allow me to congratulate you upon the vigorous condition of our Association; each succeeding year proves the soundness of the views with which it was established, and adds to the numbers and respectability of its members. The distinguished position which it occupies has not failed to raise up occasional enemies; and the last

year particularly has been remarked by the anonymous venom of some skulking foe, who had not courage to make an open and manly attack. Fortunately the society stands upon too solid a basis to be shaken by such contemptible trickery as the case in question. I must be allowed to express regret that our weekly Journal has lost somewhat of its goodly proportions. This ought not to be, the provinces of this kingdom can boast of an aggregate of talent, which, if equalled, cannot be surpassed by any other country, and I call upon that talent to support our Journal with contributions, and so to raise it to what it might easily be, the most valuable of the weekly periodicals.

In the retrospect which I shall now enter upon, I shall not attempt to embrace the whole extent of medical science; by so doing, I should occupy too much of your time, and encroach upon that allotted for other communications which I hope are in store for us. I shall confine myself entirely to the department of pathology and therapeutics, and for brevity's sake allude only to those subjects which appear to be of real interest.

Nervous System.—The diseases of the nervous system have always been held to be the most difficult to be comprehended of any to which the human frame is subject. There is a want of correspondence between lesions and symptoms, a want of uniformity in the manifestation of diseased action, which renders the subject one of surpassing intricacy. We must hail with satisfaction, therefore, any investigations which tend to illumine the obscurity of our knowledge of cerebral pathology. Of this nature are the valuable observations of M. Fardel, on ramollissement of the cerebral mass. This author divides softening of the brain, in common with most writers, into acute and chronic. He considers that the acute form is specially characterised by redness and diminished consistence, without disorganization of the affected parts, and mentions the fact that it is chiefly confined to the convolutions. The chief points of interest, in a practical point of view, contained in the work, are connected with the diagnosis of acute softening, and its distinction from other cerebral affections, especially cerebral apoplexy. The author examines the validity of the usual opinion, that in cerebral hæmorrhage the symptoms assume their maximum intensity from the very first, whereas in softening, their increase is gradual. He believes that such an opinion as one of general application is a fallacy. He denies likewise the value of contraction of the paralysed limbs as a sign of softening,* but

* *Traité du Ramollissement du Cerveau*, 1843.

rather agrees with M. Boudet that it indicates hæmorrhage into the ventricles.

The very interesting researches of Dr. Bennett,* published in 1842, have been extended during the past year. He has examined the diseases of the brain with the microscope, and has proved satisfactorily that the only true test of inflammatory softening of the brain is to be found in the presence of what he denominates exudation corpuscles. His 22nd case, or the 6th of the new series, is particularly interesting, as in this instance a portion of the brain considered to be healthy, was by the microscope shewn to be in a state of distinct disease. It is probable that had this mode of investigation been more generally adopted, many unintelligible cases of cerebral disease would have been clearly elucidated.

A remarkable affection of the cranial bones in children has been for the first time described by Dr. Ellsaesser.† It consists of a peculiar softening of the bones of the head, especially of those exposed to pressure, as the occiput. The symptoms are not very determinate, consisting for the most part of restlessness and disturbed digestive functions. When fatal, it is usually by the supervention of tetanic convulsions, which occurred in 14 out of 28 cases. The author considers the disease to be a modification of rickets, and to be hereditary. The treatment consists in a judicious diet, with tonics, and a pillow so arranged as to take the pressure off the occiput.

Although it does not strictly come within the course I have prescribed for myself to notice physiological questions, yet the one which I am about to speak of, is so important as regards the treatment of head affections, that I may with propriety make it an exception. The current opinion concerning the circulation within the cranium, since the time of Dr. Kellie's experiments has been, that the cerebral vessels are not able to contain more blood at one time than at another; in fact, that whatever be the state of the blood-vessels of the body as to fullness or emptiness, those of the brain always contain the same quantity of blood. This opinion has lately been opposed by Dr. Burrows, in the Lumenian Lectures before the College of Physicians. He has repeated Kellie's experiments, but with very opposite results. He has found in fact, that general blood-letting does remove blood positively from the cerebral vessels.

It is to be feared that some inaccuracy must have occurred in the experiments on one side or the other to have produced effects so diametrically opposite; the subject at all events is of sufficient importance to demand further investigation.

Dr. Whitney has published a lengthy paper upon cerebral auscultation.‡ He calls the attention of the profession to certain murmurs within the crania of children, which, according to him, can be made serviceable in diagnosis. In a state of health, four kinds of murmurs are to be distinguished in the head. 1st. Those produced by the respiration of the child; 2nd, by the voice; 3rd, by the action of the heart; and 4th, by the act of deglutition. The paper is too diffuse for a minute analysis, it must suffice on the present occasion to

mention, that these normal sounds are variously modified by disease within the cranium, and give rise among others to sounds which Dr. Whitney calls "cephalic ægophony," and "cephalic bellows sound." The latter murmur is of very general occurrence, as will be evident from the catalogue of cerebral affections in which it is said to exhibit itself. These are simple congestion or irritation, acute inflammation of the brain, chronic hydrocephalus, local compression of the cerebral substance, ossification of the arteries, and lastly anæmia.

Dr. Stöber has noticed a peculiar alteration of the cornea to precede death in acute hydrocephalus. This change, which he has observed very generally in fatal cases, consists in the deposit of a yellowish semilunar coating over the lower edge of the cornea.

A case of hemiplegia is reported by M. Sedillot,* which was induced by the application of a ligature to the common carotid artery. A man received a severe wound in the throat, rendering the above operation necessary; three hours after its performance he was hemiplegic on the left side. No morbid appearance was discovered after death, excepting anæmia of the hemisphere on the side of the operation.

In the treatment of cerebral affections Dr. Wallist has re-introduced a powerful mode of counter-irritation in the shape of the long issue in the scalp. The author states that he has used the remedy in a great number of organic diseases of the brain, both acute and chronic. The general result has convinced him of its great efficacy. The mode of performing the operation is to shave the head, and to make an incision completely through the scalp of about seven inches long. In this is placed a pledget of lint, soaked in turpentine, to encourage suppuration. When the hæmorrhage is troublesome, Dr. Wallis applies the actual cautery. There is nothing new in this remedy. I remember perfectly to have seen its application ten years since, and, as far as my memory serves me, it proved often of great utility. Its severity is such, however, as to preclude its frequent adoption in private practice.

The local pathology of neuralgia has been explained by Dr. Black‡ upon anatomical principles. He very justly observes, that the nerves, which are usually the seat of neuralgic pains, are those which take their exit from the interior of the body through canals in bone or unyielding tendinous structure. He adds to this, the anatomical fact, that each nervous twig is accompanied by a branch of an artery and a vein. It may easily, therefore, be conceived that those nerves, which are contained in rigid canals, must be subjected to injurious pressure whenever their accompanying vessels are unusually distended with blood. Upon this pressure, according to Dr. Wallis, depends the neuralgic paroxysm. The explanation is ingenious, and is, I think, borne out by the consideration both of the exciting causes and the effects of treatment.

The anomalous pains in the abdominal regions, to which females in particular are subject, have been well described by Dr. Golding Bird.§ The principal object

* Edinburgh Monthly Journal, 1843.

† Der Weiche Hinderkopf, 1843.

‡ American Journal of Medical Sciences.

* Gazette Medicale.

† Transactions of the Provincial Medical Association, vol. xi.

‡ Provincial Medical Journal, March, 1843.

§ Edinburgh Monthly Journal, 1843.

of his paper is to point out the frequent mistakes in practice arising from these pains, and to give directions for establishing a correct diagnosis. Dr. Bird particularly objects to the use of bleeding as a means of diagnosis, as recommended by Dr. Marshall Hall; but, I think, without sufficient reason. I am most willing to allow the great assistance I have derived from the valuable suggestions of that talented physician, not only in regard to the use of blood-letting, but on many other points.

In the treatment of neuralgia, belladonna has been strongly recommended by Dr. Hutchinson;* the application of caustic ammonia by M. Ducros; and a combination of strychnine, quinine, and belladonna, by Dr. Eisemann, of Munich. The suggestion of M. Ducros is especially worthy of recollection from its simplicity and alleged efficacy. His method is to paint the roof of the mouth with liquid ammonia, by which means he affirms that the most obstinate cases of tic douloureux have yielded in the space of a few minutes.

Respiratory System.—A considerable amount of interesting matter has been produced during the past year, in connection with disease of the respiratory organs. M. Rokitski calls attention to a dilatation of the posterior wall of the trachea, with hernial extrusion of the mucous membrane, as a frequent consequence of repeated attacks of tracheal catarrh. The same author alludes to a variety of dilated bronchi, consisting in a sacculated expansion of their extremities. He adopts the views of Dr. Corrigan concerning the mode of production of dilated bronchi, namely, that the dilatation is the consequence of a tendency to the production of a vacuum by the obliteration and contraction of vesicular tissue, induced by pulmonary inflammation.

Considerable information is afforded us respecting the value of the operation of tracheotomy, but the evidence appears to be of a very contradictory character. M. Trousseau has published an essay, appended to the chapter on croup, in the work of MM. Rilliet and Barthez, on diseases of children, in which he gives the result of the operation performed 121 times. We are in the habit in this country of regarding the operation as a dernier resort, and consequently it is seldom performed until all reasonable chance of its success is gone by. M. Trousseau rationally enough objects to any deductions as to the value of the operation being derived from its performance under such unfavourable circumstances; and urges, that in croup it should be performed as soon as we can feel certain of the production of false membranes. M. Trousseau does not depend solely upon opening the trachea in these cases, but lays great stress on the use of a solution of nitrate of silver dropped into the trachea. The results of his treatment are not very favourable, no more than 1 in 4 of his cases survived, and it is far from evident that they would not equally have recovered without the operation.

Three cases of the successful performance of the operation are also related by Dr. Dunsmare;† one of which was for croup.

On the other hand M. Boudet* performed it ten times in croup, unsuccessfully in all. The conclusions of this author are worthy of remembrance. "Seeing," says he, "that no advantage resulted from tracheotomy when false membrane existed in the bronchi; seeing also that in every instance in which it was performed, double pneumonia was found after death, and that in several cases of very severe croup, in which the operation was not performed, inflammation of the lungs was not found after death, it may be concluded that the advantage of tracheotomy is very small, and that it apparently contributed to the production of pneumonia.

In the medicinal treatment of croup, the sulphate of copper given in the dose of one-sixth of a grain every ten minutes, until vomiting is produced, and afterwards at longer intervals, is highly spoken of by Dr. Dreyer and Dr. Schwake.†

Some extremely valuable observations respecting pneumonia are met with during the past year, the chief of which are from the pens of Rokitskiy, Rilliet, and Barthez,‡ and in the form of a valuable report by Dr. West.§ This disease appears to be more general and more fatal than is commonly known, so much so that Becquerel found traces of inflamed lungs in 49 out of 130 cases of children dead of various diseases. Dr. West agrees with Stokes that there is a stage of pneumonia preceding that in which the subcrepitous râle appears, and which is marked by intensely puerile respiration in the portion of lung about to be diseased. I have within the last fortnight had a most favourable opportunity of verifying the truth of this opinion in the case of a young lady in this town. The case is altogether so full of interest, that I should be glad if Mr. Image, with whom I attended it, would direct the attention of the meeting to its most interesting points. Nothing new as to treatment occurs in Dr. West's report. He however remarks that antimony loses its power after the period of depletion is passed, a statement which, I think, scarcely borne out by general experience. On the contrary, there are many cases in which depletion is quite inadmissible, but in which antimony is found to be alone sufficient to control the disease.

The occurrence of a peculiar form of pneumonia after operations, and altogether independent of the absorption of pus, is noticed by Mr. Erichsen. The kind of inflammation to which he adverts is also different from ordinary idiopathic pneumonia, resembling more nearly the congestive form which is so frequent a concomitant of adynamic fevers. The disease is attributed by the author of the paper to a deteriorated condition of the blood, and to its stasis in the posterior portion of the lungs.

Our knowledge of that obscure disease, cancer of the lungs, has been considerably advanced during the past year. Two forms of the disease have been clearly made out, the encephaloid and scirrhous; a third, the colloid form, has been once seen by Dr. Hughes.¶ The symptoms are not of a very positive character,

* Archives Gen. de Medicine, 1842.

† Casper's Wochenschrift, No. 9.

‡ Traité Clinique et Pratique des Maladies des Enfants.

§ British and Foreign Review, 1843.

¶ Guy's Hospital Reports.

* Lancet, Sept., 1843.

† Monthly Journal of Medical Science, 1843.

and depend very much upon the form of cancer, whether it is infiltrated, or of the tuberosc character. Cough, with expectoration of sputa, resembling currant jelly, has been noticed by Stokes, and Dr. Hughes, and occasionally hæmoptysis has been observed. Dr. Williams lays considerable stress upon a peculiar spasmodic catching cough. If the cancerous matter is deposited in masses, we have the additional symptoms of intra-thoracic tumour, as enlargement and turgidity of the jugular veins, cedema of the face and arm of the affected side, and dysphagia. The physical signs as stated by Dr. Walshe* are as follows. In infiltrated cancer, retraction of the affected side with diminished motion, vibration and semicircular measurement; intensely dull sound on percussion; diffused tubular breathing, which gradually becomes more feeble, and eventually obliterated; bronchopony, and increased transmission of cardiac sounds. In tuberosc cancer the signs are similar, with the exception that there is bulging of the affected side. The softening and expectoration of the cancerous matter, gives rise to mucous and cavernous ronchi in both forms. Dr. Burrows† gives the following succinct account of the diagnostic signs. When a patient has been suffering from a severe affection of the chest, with physical signs of consolidation or pleuritic effusion, and yet presenting anomalies inconsistent with either of those morbid conditions, and when the history of the case does not accord with that of tubercular disease of the lung, nor chronic pneumonia, nor pleurisy, malignant disease may be suspected. In addition, if the countenance be bloated, with cedema of the arm, and other symptoms above mentioned, the diagnosis of malignant disease may be considered complete.

Tubercle of the bronchial glands is a subject almost unnoticed by British writers; it has been, however, lately minutely investigated by M. Barthez. The symptoms of this disease are obscure, as it is seldom met with alone, but is generally combined with similar changes in the lungs. The author thus attempts the diagnosis: If we observe cough, emaciation, fever, and night-sweats, in a child, between three and four years of age, without being able to detect tubercle in the lungs, brain, or abdomen, we may suspect its presence in the bronchial glands.

Phthisis pulmonalis is ever a fruitful source of authorship, and accordingly we have a considerable number of communications on the subject, of very different degrees of pretension, during the past year. The admirable work of M. Louis has undergone a second edition, but it is to be regretted that even Louis has added very little to his previous knowledge. He notices, however, in the new edition, a fact previously ascertained by Guillot and Van der Kolk, that the branches of the pulmonary artery cease to be permeable at a certain distance from tubercles or grey granulations, and that a non-vascular ring of a certain depth surrounds tubercular cavities. He further mentions the curious fact that this non-vascularity is but temporary, and that new vessels are formed which communicate with the bronchial arteries, so that an aortic circulation becomes supplementary of that of the pulmonary artery. Louis reiterates his former opinion as

to the almost invariable dependence of hæmoptysis upon tubercles in the adult.

Rilliet and Barthez have made an important observation in reference to phthisis in the infant; they state that the harsh character in the respiration, which, in the adult, is a valuable sign of tubercle, is not to be depended upon in the child, as it may exist in a perfectly healthy lung.

Among the remedies said to be useful in the treatment of phthisis, are a combination of snake-root and iodine by Dr. Hildreth;* the iodide of iron by M. Boissiere;† and naphtha by Dr. Hastings. The latter remedy, I believe, after a certain number of trials, to be totally unworthy of the reputation its author wishes to impart to it; as, indeed, might have been expected. The cod-liver oil has been also strongly recommended by Dr. Peyreya, of Bourdeaux.

A valuable and elaborate series of papers upon phthisis from inhalation of gritty particles, has been contributed by Dr. Holland,‡ of Sheffield. It appears that the inhalation of dust and other particles gives rise to two forms of disease, one accompanied by emaciation, dullness of the chest, and other symptoms of true phthisis, as indicated by the presence of tubercles after death; the other, in which the sonority of the chest is undiminished, and in which there is less disturbance of the general functions. This latter I take to be the true type of the disease, which I conceive to be bronchitis of more than usual intensity, and modified by the constant application of its exciting cause. I cannot imagine that there is any necessary connection, as Dr. Holland appears to believe, between the disease excited by the irritating particles and tubercular deposit; such an opinion is adverse to the best received notions of the production of tubercles in the present day. That tubercular phthisis should be a frequent complication in the cachectic inhabitants of a large manufacturing town is not remarkable, neither can it be a matter of surprise that tubercular lungs should be rapidly destroyed by the superaddition of bronchitis arising from mechanical causes.

The subject of empyema, more particularly in reference to the operation of paracentesis, has been much discussed during the past year, the opinions expressed being widely different. Dr. Hamilton Roe§ takes a very favourable view of its efficacy, and relates 24 cases, of which 18 were successful. In the course of the discussion which these cases gave rise to, Dr. Thomson expressed great confidence in the operation, but enjoined its early performance, and considered a repetition of it preferable to emptying the chest at once. Dr. Hughes|| also is favourable to the operation. Dr. Bird mentions that the best diagnostic sign between purulent and serous effusion into the chest is to be found in the condition of the intercostal spaces, which, in the former case, bulge out, but not in the latter. On the other hand Dr. Williams is quite opposed to the operation. He has seen it uniformly fatal, whether early or late. Mr. B. Phillips, who took part in the discussion, is of the same opinion. Professor Schonlein¶

* American Journal of Medical Science.

† Gazette Médicale de Paris.

‡ Monthly Medical Journal

§ Medical Chirurgical Society, April, 1844.

|| Guy's Hospital Reports, No. 3, New Series.

¶ Lancet, April, 1844.

* Physical diagnosis, &c.

† Medical Gazette, Feb., 1843.

condemns the operation, and quotes Skoda as being equally averse to it. He denies, and as it appears to me with truth, the possibility of distinguishing purulent from serous effusion during life. Papers upon the same subject, but devoid of interest, are published by Dr. Chambers,* and Dr. Bennett.†

A memoir on emphysema of the lungs, as the cause of sudden death, has been furnished by M. Prus. An animated debate upon the paper was maintained by some of the leading members of the French Academy, which embraced not only the immediate subject of the memoir, but also the mode of formation, and the essence of the lesion. The general conclusion from the opinions expressed, appears to be, that emphysema exhibits considerable variation in the mode of its production. In some cases it is a simple dilatation of the air-cells; in others, a rupture of several into one compartment; and again, in others, an extravasation of air into the parenchymatous tissue.

Circulation, &c.—In an investigation of the diseases of the heart, Dr. Kilgour‡ condemns, in the strongest terms, the use of digitalis. He says that it is a dangerous medicine, even in its mildest forms, and is not unfrequently the immediate cause of death in cardiac affections. We also find a communication upon the same subject by Dr. Henderson, in the Northern Journal of Medicine. He specially interdicts the use of digitalis in patency of the aortic valves, but does not consider it injurious in disease of the mitral valve. He explains its influence in the former case in the following words: "Patency of the aortic opening, at the period when the ventricles are being filled, necessarily admits of regurgitation into the ventricle, the effects of which are its corresponding and consequent enlargement." He proceeds to mention that whatever diminishes the rapidity of the heart's contraction, as digitalis, allows more time for regurgitation, and has consequently injurious effects.

A case of rupture of the heart occurs in the Lancet, of December, 1843, which is remarkable in the fact that the rupture took place at the junction of the aorta with the ventricle, the usual situation, as is well known, being near the apex of the left ventricle.

Dr. Bellingham§ has written an interesting paper in which he endeavours to throw light upon a subject in which mistakes are often made, namely, the diagnosis between functional and organic palpitation.

A sound of a metallic nature, occurring with the systole of the heart, is alluded to by Dr. Willis|| It is one of very common occurrence, but the explanation of it is not very evident. It is imitated to perfection by laying the palm of one hand gently over the ear, and tapping the back of it lightly with one finger. Laennec and Hope believed it to be caused by the impingement of the apex against the ribs.

Several notices of that unmanageable disease, cancrum oris, occur during the past year. One related by Mr. Dunn has been made the subject of judicial enquiry, under the impression that it was caused by mercury. The mistake can only be the effect of ignorance. No one who has seen the true cancrum oris

or phagedenic ulcer of the mouth, could for a moment confound it with mercurial ulceration. The disease is well portrayed in the work of M. M. Rilliet and Barthez, and has been made the subject of communication by Dr. Hunt to the Medico-Chirurgical Society. The treatment he recommends is the chlorate of potash, in the dose of one scruple in the twenty-four hours.

Albuminuria has been closely studied by Mr. Robinson, and the following are the results of his investigations:—1. The process of effusion of albumen through the coats of living vessels, is dependent upon the degree of compression to which the contained blood is subject. 2. That this compression should exist in a notable degree, the co-operation of two essential causes is necessary; these are the momentum of the column of blood in the arteries, co-existing with some obstruction in the smaller vessels. The effusion of albumen will vary directly as the degree of operation of these two causes.

Dr. Bright* has published some valuable remarks respecting the cerebral complication in the same disease. It seems that the danger of head symptoms is not proportionate to the quantity of albumen in the urine, but may exist whenever it appears in any quantity, accompanied by diminution in specific gravity of that secretion. Dr. Bright likewise discusses the question of priority in the frequent coincidence of hypertrophy of the heart and granular kidney. He concludes that the renal disease is prior in most cases.

Dr. Lever has made an interesting discovery relative to albuminous urine, which is, that it is frequently present in puerperal convulsions. He observed this fact in every case but one in which the urine was examined during the time the convulsions were present, and in the subsequent examination of the urine of 50 parturient women, in no case was albumen detected in which convulsions or their premonitory symptoms had not been present. The explanation of this interesting discovery, which throws a new light upon the fatal convulsions of childbed, may doubtless be found in Mr. Robinson's theory above alluded to, the pressure of the gravid uterus upon the emulgent veins being the exciting cause.

The subject of diabetes has been taken up by Dr. Watts† and Dr. Percy.‡ The former writer communicates some peculiar views as to the proximate cause of the disease. He states that diabetes is a disease of the mucous membrane of the stomach, the consequence of which is a mal-assimilation of the food; the part which is not converted into healthy chyle being either deposited in the cellular tissue in the form of fat, or excreted in the urine in various crystallizable forms, of which sugar is one. He divides the disease into three stages:—the first, which is essential, consisting of inflammatory gastric dyspepsia; the second, not essential, characterised by the deposit of fat; the third, is that which is generally recognised as diabetes, with presence of sugar in the urine. The peculiarity therefore of his views consists in the belief, that diabetes mellitus is merely the termination of a disease in which no saccharine matter exists at first, and which very rarely, in proportion to its frequency, runs into the diabetic stage.

* Lancet, May, 1844. † Lancet, December, 1843.

‡ Edinburgh Monthly Journal.

§ Lancet, May, 1844.

|| Medical Gazette, February, 1843.

* Guy's Hospital Reports, 1843.

† Lancet, 1843.

‡ Medical Gazette, June, 1843.

On the subject of diseases of the skin, there have appeared several useful communications. One of the best is that by Mr. Erichsen,* on the administration of arsenical preparations. Naphthaline is strongly recommended by M. Emery for the scaly diseases; creosote for *acne indurata*; the strong pyrolygneous acid for *tinea*, by Dr. Wigan; and sulphate of iron in powder and solution for *syosis menti*, by M. Dauverger.

Among the new remedies introduced during the past year may be mentioned the Indian hemp and the matico. The former is a well-known and valuable remedy in the east, and was introduced into this country by Dr. O'Shaughnessy. It has since been tried in neuralgia, rheumatism, chorea, and in cases requiring a direct sedative. Its powers have been differently spoken of, but generally in a favourable point of view. The matico or *piper augustifolium* is a styptic and astringent. A full description of the plant and its properties is to be found in the Transactions of the Provincial Medical and Surgical Association, vol. xi. It has been used successfully in gonorrhœa, leucorrhœa, *melœna*, *epistaxis*, and catarrh of the bladder.

Gentlemen, I must now bring this report to a conclusion, and in thanking you for the patience with which you have heard me, I must apologise for its imperfections. Many things have been omitted which, perhaps, were deserving of notice, and others may have appeared to you to have been invested by me with a value to which they are not entitled. I hope, however, you will consider the difficulty of making a good selection, and the short period I have had for doing it, a sufficient excuse for all its imperfections.

* Medical Gazette, 1843.

ON THE EFFECTS OF ANTIMONY ON INFANTS.

By JOHN W. WILTON, Esq., Surgeon to the Gloucester Infirmary.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In your Journal of the 24th of April last, I have just read a communication from Mr. Noble, of Manchester, on the effects of antimony on infants.

The consideration that it is a matter of common humanity to impress the minds of professional men with the facts and opinions which Mr. Noble has given, is the apology I offer for obtruding on your columns a few observations on the same subject.

Several years ago I was called to a child, about 10 to 12 months old; it was suffering under slight but frequent convulsions; the countenance was very pallid and sunk; sickness and severe diarrhœa were present. The mother said the child had not been ill 24 hours, that having a cold, and its chest loaded, she had given some antimony wine in repeated small doses, under the direction of the druggist, and the present symptoms had supervened very suddenly. The means I employed failed to relieve the child, and death occurred in about two hours.

A *sectio cadaveris* was permitted. The external and the internal parts were pale and bloodless; no vascular patches were discoverable in any part of the alimentary canal; the brain was extremely soft, but there were

no organic changes to explain the short illness and fatal result, nor did I then suspect that the sudden collapse I had witnessed depended on the emetic tartar which had only been given in ordinary doses.

A few days after this I was called to another child in the same buildings; similar symptoms were present, and here too the antimonial wine had been employed.

This child was restored. I felt no doubt on the consideration of these two cases that emetic tartar had occasioned the alarming exhaustion, and in the first case, the fatal termination; that it was a dangerous remedy for infants, and requiring always caution and observation in its use.

Some years after this I saw a child of three and a half years old saved with great difficulty from the collapsed state, with sickness and violent and sudden diarrhœa. The condition of the child was not unlike that presented in the Asiatic cholera. The sudden sinking had occasioned the parents to send, in their terror, to several medical men, and two were there when I arrived, giving brandy and water and using external stimulants. The child had been suffering from cold, and was taking a saline, with antimony wine, prescribed by the surgeon of the family.

The last case I shall relate was more distressing. A child, of the age of four or five years, had symptoms of cold, with cough, and a little fever. The medical gentleman who attended gave a saline with antimonial wine. Sickness and diarrhœa with sudden prostration supervened. The medicine was omitted, and a cordial given, but faintness and exhaustion continued, which very shortly ended in death. The parents were greatly shocked and distressed, and they feared their medical attendant was ignorant of the child's disease, and had treated the complaint improperly. An examination of the body was determined upon, and I was requested to meet some other medical men on the occasion. The surface of the corpse presented a very pallid aspect, and on moving the body to place it on a table, a great quantity of nearly colourless fluid flowed from the mouth. The whole body was greatly exsanguined. There were no marks of inflammation on the stomach or intestines, and, notwithstanding the escape before noticed from the stomach, that organ was found distended with a considerable quantity of fluid.

These cases are from memory, and I admit are but imperfect sketches, but yet they may possibly be considered of some value, as confirming and corroborating the opinions of Mr. Noble on the necessity of caution in the use of antimony for young children, and my own observation has led me to believe that the alarming and occasionally fatal effects of the medicine, are not so generally recognised as it is desirable they should be.

I am, Sir,

Your obedient servant,

JOHN W. WILTON.

Gloucester, June 20, 1844.

MATICO.

We are requested by Dr. Jeffreys to state, that it is the under and reticulated surface of the leaf which should be applied to leech-bites, cuts, and other recent wounds, not the upper, as we had been led to suppose from misunderstanding the application of the term *inner*, made use of in his pamphlet.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 3, 1844.

In noticing the address of Mr. Carmichael last week, it was observed that we do not hear of any restrictions placed upon illegal practitioners in the account given of the provisions of the bill prepared for the regulation of the medical profession. We inferred that so far as the information, official or otherwise, possessed by Mr. Carmichael, would carry him, the uneducated and ill-informed part of the population of this country were to be left at the mercy of every unprincipled character who may choose thus to make a gain of them, because we found Mr. Carmichael not only silent as to the existence of any such restriction, but, amidst his qualified approval of the measure, such as he presumed it to be, himself expressing the sentiment "that the cross-counter practice, as it is called, of the English druggist, must be interdicted by some stringent regulations." We are entirely of the same opinion, and unless that class of the community, which at the same time is the most numerous, and most requires protection from the artifices of designing and interested people, shall receive such protection, every attempt to augment the qualifications, to elevate the character, and to advance the position of the general practitioner, will ultimately end in throwing the poor, at least, more into the hands of empirics and other unqualified persons.

The powers at present possessed by the Apothecaries' Company are, it would seem, to be abrogated, and, were it otherwise, the clumsy and inefficient mode in which the scanty measure of redress afforded under their act, is attainable, render them almost nugatory. Six actions for penalties, which were tried within a comparatively recent period, were conducted, as we are told, at an average expence to the Society of £320 each. Can we wonder, then, when justice is so expensive, that the law should so commonly be broken with impunity? On the contrary, the difficulties thus thrown in the way of the conviction of the offender, and the consequent uncertainty of a prosecution being instituted, act rather as encouragements to the commission of the offence than as any prevention against it.

There can be no doubt that the practice of unqualified persons without restraint is one of the most serious public evils connected with the medical institutions of the country. Imperfect and heterogeneous as these are in most respects, the permission given to unqualified pretenders to medical knowledge to tamper with the health and lives of those, who from poverty, or from meanness,

from ignorance, or from folly, have recourse to them, is a scandal to the legislation of the country and to the age. We are told that it is impossible to prevent the illegal practice of medicine,—that the pretenders to a knowledge of some kind or other of the healing art are nearly as numerous as the population, and that the disposition to foster empiricism is interwoven with our very nature.

This may be true to a certain extent; every old nurse has and will use her nostrum, and every man, woman, and child amongst us, may, like the good people of Shrewsbury of the olden time, have a remedy for the tooth-ache, ready to be recommended in pure benevolence to all who may stand in need of it, and whenever circumstances call for its use. But this is no reason why the legislature of the country should connive at the wholesale destruction of life which takes place, amongst the children of the poor especially, from the empirical administration of powerful drugs, in whatever ailment they may be labouring under, nor permit designing individuals to gain a comfortable competency by thus extracting the hard-earned pence from the unconscious victims of their arts and mal-practices. It exhibits a criminal indifference for the lives and well-being of our fellow-creatures, to say, as has been said, 'We point out to you, who are qualified, and who are not; you must choose for yourselves; and if you choose the unqualified, you do so at your own peril, and must take the consequences,' and it is well observed in the statement of the Apothecaries Company, in reply to this dogma:—"This is very insufficient protection to afford to *any* class of society; but in the case of the *poorer classes*, who are the most exposed to danger, from the practice of ignorant and unprincipled men, (*and to whose protection all medical legislation should have a special reference, or it is not worthy of the name,*) is it not mockery to tell them, 'You may satisfy yourselves by inquiry in the proper quarter, whether this or that practitioner is a qualified person, and you are not obliged to employ him, if he is not?' In a case like the present, what the law does not forbid, it must be taken to sanction; and if it imposes no check upon the practice of incompetent men, it must be held responsible for the monstrous evils which result from it."

Better care is taken of that which is of far less value than life or health, and in various cases, where the property of individuals and the dross of this world's goods are concerned, every precaution is had recourse to to prevent legal interference with the same, excepting by persons legally qualified.

To use again the language and the recommendation of the Society of Apothecaries: "Let the law distinctly affirm that no one shall practise the healing art with a view to gain, who has not given

evidence of his competency; punish those who offend against the law in this respect; let the process be simple and inexpensive, the punishment certain, and following closely upon the commission of the offence; give a power to two magistrates to convict and punish by fine and imprisonment, with an appeal to the quarter sessions."

If these provisions, or some such as these, be enacted, we will venture to affirm, that a very considerable check will be given to quackery and illegal practice, and what is of more consequence, many valuable lives will be saved, the health preserved from irreparable injury, and the comfort and well-being of very many families of the industrial classes, thereby promoted.

It is of consequence that we should be prepared to make an effort upon this point. There is little probability that the Medical Bill, whatever it may be, will now be brought in this session, or, if brought in, that it can pass into a law. It is not, therefore, yet too late to seek this substantial reform for the medical profession,—to secure this great benefit for the community. The result of the investigation before Lord Ashley's committee will, we have some reason to think, disclose a great amount of abuse from the irregular practice of druggists and others; and the opportunity should not now be lost, of endeavouring to get some provision into the measure for the regulation of the medical profession, which shall replace the imperfect protection afforded under existing statutes, and at the same time be more effective, less expensive, of greater facility in its application, and more certain and quick in its results.

MESMERISM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Is not the subject called "Mesmerism" legitimately within the pale of medical investigation? If an imposture, should we not expose; if truth, should we not defend it; and if the "juste milieu" be the proper path, should we not show what is deception, and what may seem to be truth?

We have had a mesmeric exhibition here recently. It was conducted by a respectable professional neighbour, and may be considered a fair specimen of the affair. I attended it for personal inquiry, and will now very briefly (for your space is better occupied with practical subjects) generalize, and comment on the phenomena.

The exhibition aimed at comprising nervous sleep, with catalepsy, phreno-mesmerism, clairvoyance, &c. In most of the patients there seemed to be nervous sleep, and yet there appeared in every thing else to be collusion, and the question might, with fairness, have been put by the exhibitor, "How can they deceive if they are asleep?" Insensibility to ordinary impressions, and to extraordinary, as the galvanic shock, was proved,

and yet the patients could hear, as shewn by their answering questions, and it may fairly be presumed could think and deceive.

The object of my present inquiry is to suggest whether nervous sleep may not be like some hysterical seizures, in which, with apparent insensibility to external impressions, as ammonia to the nostrils, &c., the patient is wide awake in other respects, and knows all that is going on around? May there not also be in the temporary nervous or mesmeric sleep, as it is called, the same abnormal constitution of mind that exists in the more permanent state called hysteria; the same love of the marvellous; the same inclination and desire to deceive; a desire truly organic and morbid, because found in persons who in health are of the most frank and open minds? No one is more likely to be deceived than the observer of what may be called the organic deceit of persons who, so far from being suspected of collusion, are supposed to be in every sense asleep, although their sleep is only partial. We know that the most skilful physicians often fail in proving the deceptions of hysterical persons, and generally satisfy themselves with inferring their wonderful symptoms and sufferings to be collusion, when totally inconsistent with the ordinary course of nature. I can see the closest analogy between the two phenomena.

As to phreno-mesmerism;—imagine a man to all appearance asleep, but with his hearing and other faculties, as they all admit, perfect and you say, "Try whether contact on his organ of veneration will set him praying," will he not hear you?—and are you not sure to be deceived, especially in an abnormal state of the whole nervous system, where the love of the marvellous, and the desire to deceive are unequivocally conspicuous?

There will yet remain to the mesmerist the credit of directing attention to what, although similar, must be said to be a different state, although after all it may only be the effect of monotonism. The case related last year in the Provincial Medical Journal, by Dr. Cortez, of North Carolina, of spiders voided from the internal angle of the eyelids, in a case of hysteria, for months together, is a parallel to the wonders of mesmerism. No investigations could prove deceit; and deceit, as the act of a moral agent, was not suspected, but only as a symptom of that morbid state, hysteria, which always presents it. The analogy between mesmeric and hysterical sleep would be very imperfect were a disposition to deceive absent in either. It is, indeed, questionable whether the nervous system can be very profoundly affected without some contemporaneous affection of the moral as well as of the physical constitution, for the nervous system is, under our present structure, the only organ of the mind. We all know how perverted all the moral sentiments are in ordinary sleep. That there was deception in the cases exhibited here, may be briefly proved from the following succinct statements: the unnatural exhibition of mental characteristics, such as ordinary passion for firmness, the assertion by one party that she saw what was in the hand, and calling it a tooth-pick, when it was a screw. Some one near had talked about trying her with a tooth-pick. Other illustrations might be adduced, but these will suffice. Nature could not have been at work here. In the one case, the mes-

meric sleeper must have heard and guessed; in the other, untutored art failed to exhibit what only a good actor or nature herself can personify—firmness.

If you consider, Mr. Editor, my suggestions on this point worthy the consideration of future observers, I shall be happy to see them inserted in our Journal, as leading to further inquiry. They are, at any rate, followed by this useful corollary: they take away the bitterness of the investigation by exonerating many ingenuous minds that are prominent in the investigation from all suspicion of having drilled parties with the view of imposing on the public.

I am, Sir,

Yours, very truly,

JAMES DEANE, Surgeon.

Chatteris, June 18, 1844.

MR. GARLICK'S CASE OF THE EFFECTS OF HYDROPATHY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The case of Mr. Waite offers one or two points for serious remark. We learn, that ten years ago he was treated for stomach disease, and was completely relieved by the treatment. In 1840 he had a fresh attack, which proved obstinate, and he was advised to take a sea voyage; he did so, and "returned home surprisingly improved in health." In March last he had another attack, the symptoms of which were strongly marked, viz., sensation of heat in the stomach, frequent vomiting, pain an hour and a half after taking food, but instantly relieved by emesis, flatus, tenderness in one particular spot of the epigastrium, irregularity of bowels, emaciation, &c. Mr. Garlick's diagnosis and prognosis (he is scarcely definite enough in his statement of the former) were correct, and such indeed as must have forced themselves upon the mind of an intelligent practitioner.

In reference to the last attack, Mr. Garlick says, his plan of treatment (it would have been well to know what it was) was pursued for a fortnight, after which the patient was persuaded to go to a cold-water establishment in the neighbourhood. There, strange to say, with all the strongly-marked symptoms of diseased stomach, and, we may fairly presume, with the benefit also of the opinion already communicated to Mr. Waite, by his regular medical attendant, he was told by the medical functionary of the establishment that "it is the liver that is affected, and *not* the stomach and bowels, only as they are affected by the liver; and," writes Mr. W. to his family, "he speaks with the greatest confidence that in a little time I shall be better."* In a subsequent letter, Mr. W. wrote, "when I was about to leave the doctor on Saturday, I asked him how soon he thought I should be ready to return. He thinks I shall be ready in three or four weeks from to-day, Tuesday, May 7th"; and on the following day he again wrote, "I think I may now say that I am in a fair way of recovery, *according to the doctor's account*, and I *hope* he is correct." Alas! within two days he was returned a corpse.

* It is worthy of remark, that in this part of Yorkshire, to be *better* is a provincialism very generally signifying not amended health merely, but perfect recovery from sickness.

The body, when examined, completely corroborated Mr. Garlick's diagnosis, and showed no trace of morbid structure of the liver, but only of congestion from the blood having been chased in, by the application of cold to the surface, upon the internal organs. For the report, since industriously given out, that Mr. W. "died from abscess," there was not the slightest foundation.

It is difficult to repress our feelings of indignation, at a useful and respected member of the community being thus suddenly cut off by improper medical treatment, in a public and much vaunted establishment, under assurances too, that he would be "ready within three or four weeks" to return to his family, and that he was "in a fair way of recovery *according to the doctor's account*." From the statement given us, it is clear there was no ground whatever for those assurances; on the contrary, the disease was fostered and encouraged to the fatal issue, which took place within 48 hours after the state of the patient was thus reported to his anxious family. It also appears, that in spite of the palpable symptoms and the information available from the patient himself, the nature of Mr. Waite's case was mistaken. The treatment was therefore unjustifiable, and the inflicting of the "water-cure" at hazard, as a universal remedy, highly blameable. It is inconceivable that a medical man should have sanctioned the application of means, absurdly styled the water-cure, which were the most certainly calculated to hasten, as they did, the fatal result.

With thanks to you for your indulgence, and to Mr. Garlick for the favour of obeying my call, though he would seem not to know it,

I am, Sir, your obedient servant,

INQUISITOR.

RETROSPECT.

SMALL-POX OCCURRING AFTER VACCINATION.

The following results of observations made in 1838, by M. Lossetti, in the Small-pox Ward of the Hospital, at Milan, furnish valuable data for the solution of questions still requiring elucidation. The author first inquires if there is any connection between the quality of the vaccine cicatrix and its preservative power. Of 420 patients, arranged in three classes, according to the physical characters presented by the cicatrix, in 231 the cicatrices were normal; in 124 they were imperfect; and in 65 only were they very defective. It would thus seem that the cicatrices most regular in appearance are far from affording the most certain guarantee against an attack of variola. Does this presumed test of perfect vaccination render the consecutive variolous eruption less confluent? The following table gives a very explicit answer in the negative to this question:—

	Confluent.	Discrete.	Very dis.	Total.
With normal cicatrices	83	91	57	231
— imperfect	53	49	22	124
— very defective	18	28	19	65
				420

It does not appear that the number of vaccine scars offers any greater security against the occurrence of small-pox than the perfect character of the cicatrix.

We subjoin another table, giving the author's results on this subject:—

	Confluent.	Discrete.	Very dis.	Total.
With only one cicatrix	30	30	16	76
— two cicatrices	36	35	22	93
— three - -	40	38	20	98
— four or more	48	65	40	153
				420

Is the disposition to contract variola after vaccination owing to the preservative power of the vaccine virus being weakened by successive transmissions? Or can it be attributed to the prophylactic virtue of the virus being temporary, and limited to a certain number of years? The author adopts the second explanation, in proof of which he gives the following statistic of 1411 patients, observed in 1837 and 1838, all affected with variola after vaccination.

Patients under 5 years of age	-	130
— from 5 to 10	-	101
— from 10 to 15	-	151
— from 15 to 20	-	303
— from 20 to 25	-	282
— from 25 to 30	-	216
— from 30 to 35	-	160
— from 35 to 40 and more	-	68
Total	-	1411

Taking into consideration that all these patients had been vaccinated in early life, and the decrease in the number of those who attained the age of 30, the preceding statistical statement will be found much in favour of M. Lossetti's opinion, and consequently to establish the utility of revaccination.—*Gazette Medicale de Paris*.

PROPERTIES OF GRAMINEOUS ERGOTS.

M. Parola gives an account of several experiments which he has made on animals and on man, with various gramineous ergots. He has come to the conclusion that all the species of this family, or class, possess nearly identical properties, and that their sole difference consists in the intensity, and not in the nature of the effects which they produce on the living organism. Since the endeavours which he has made to cure inflammatory affections by the ergot of rye, are nothing but a repetition of experiments already made by other therapeutists in other countries, we will not repeat them. We will merely say a word on the much more interesting researches which he has made on the action of this drug in healthy subjects.

CASE I.—A young man, aged 24, was received into the hospital; but it was soon discovered that he had nothing at all the matter with him. On the 17th of December, his pulse being 67, and his inspirations 20 in a minute, thirty grains of the powdered ergot of rye were administered. In two hours, faintness, shivering, and dyspnoea ensued, with a cold skin. Pulse feeble and slow, 60; countenance pale; pupils dilated.

The next day another dose of the same quantity caused more violent symptoms; diminution in the powers and temperature of the body still more marked. Pulse 58; respiration 15. Notwithstanding the medicine being given up, the patient continued feeble on the 3rd and 4th days, and his pulse remained slow.

CASE II.—A young medical student consented to submit to the experiment. He was quite well, except

that he was in the habit of occasionally losing blood for hypertrophy of the left ventricle.

On the 3rd of June he took ten grains of the secale, obtained after the method of Wiggers. On the 6th he took twelve grains; and on the 7th, three grains of the resinous extract. The first day his pulse, which was previously at 67, hard and full, fell to 61, and became a little softer. After the second dose it was at 60, and there was a very perceptible diminution in the heart's pulsations, and a marked prostration. But the third dose effected a most remarkable change. He became weak and feeble as if he had lost blood, and the pulse was only at 46. The face became pale and anxious, and for many days the palpitations to which he was habitually accustomed, entirely ceased.

CASE III.—The author tried the experiment upon himself. On the 17th of December, being in perfect health, he took twenty grains of the powdered ergot of rye. In about an hour, nausea, pain, and giddiness in the head, a painful feeling of constriction in the epigastrium, and shivering of the limbs ensued, with so great a loss of muscular power that he could scarcely move his fingers. The pulse fell from 74 to 62. This state lasted for three hours; the pulse sank to 60. M. Parola drank a little wine at his dinner, but its usual effect with him—slight cephalalgia, did not now follow.—*Gazette Medicale de Paris*.

INOCULATION OF SALTS OF MORPHIA FOR NEURALGIA.

Dr. Jaques, of Antwerp, being called in to a young girl, who had a very obstinate supra-orbital neuralgia, having in vain employed antispasmodics, the sulphate of quinine, and salts of morphia by the endermic method, he conceived the happy idea of introducing some sulphate of morphia by inoculation under the skin. For this purpose, having dissolved two or three centigrammes of the sulphate of morphia in a small quantity of water on a bit of glass, he took up this solution by means of a vaccinating lancet, and made about forty punctures over the seat of pain; a marked relief ensued. The operation was repeated for some days, and the patient, who had been for a long time ill, was completely cured. The same plan has been applied in the treatment of sciatica; the inoculations have been made the whole length of the sciatic nerve, and the patients, on whom all other kinds of treatment had produced no effect, have been completely cured. Each puncture is immediately followed by a white elevation of the skin, which disappears on the next day. Poultices are useful to subdue the irritation arising from the punctures. This is a certain and speedy mode of administering energetic medicines; and it is probable that it may usefully be had recourse to in many other circumstances.—*Bouchardat, Annuaire de Therapeutique for 1844, in London and Edinburgh Monthly Journal*.

Dr. Castiglioni, an Italian physician, has employed the acetate of morphia in a similar manner. He uses a solution of three grains of the salt in half an ounce of distilled water, and inoculates this solution with a lancet, making numerous punctures in the course of the affected nerve.—*Gazzetta Medica di Milano*.

SINGULAR OSSEOUS DEPOSIT WITHIN THE CRANIUM OF PREGNANT WOMEN.

One of the most experienced and original patholo-

gical anatomists of the day is Rokitsansky, of Vienna, who is stated to have witnessed several thousand autopsies in a year; and one of his well substantiated facts, so singular as to require the support of other eye-witnesses to gain it full credence, relates to the deposition of a new bony structure on the internal surface of the cranium in pregnant women. The same had been previously noticed whilst epidemic puerperal fever prevailed in Vienna in 1834.

In the midwifery hospital at Vienna, from 1827 to 1837, inspection took place of the bodies of 1465 women who died in child-bed; and in 1221 of these victims of puerperal fever in all its various forms, there was found a recent thin osseous deposit upon the internal surface of the cranium, mostly of the parietal and frontal bones, nearly toward the basis. Rokitsansky is persuaded that this new deposit of osseous matter within the cranium is not connected with puerperal fever, but occurs during utero-gestation, under particular circumstances not yet defined, for he has met with it in those pregnant women who have died suddenly from an accidental cause, before, during, or soon after delivery.—*Omodei Annali di Medicina*.

WOUND OF THE HEART.

A woman, 32 years of age, named Angèle Ceccarelli, was on the 11th of July, 1843, struck with a knife in the region of the heart. She fell to the ground unconscious, and lost a great quantity of blood. M. Marini was immediately called, and found her in a state of complete collapse, covered with a cold sweat, the respiration difficult, pulse tremulous and uncertain. The wound occupied the inner border of the mamma, about two inches and some few lines from the sternum, and had penetrated between the fourth and fifth ribs. M. Marini thought the patient in great danger, a lesion of the pericardium being very probable.

She was taken to the hospital, and on the next day, being better, she was examined by another physician, who declared it to be a simple penetrating wound, involving no chances of death. Not being confided to the care of the narrator, he merely knows that being many times in imminent danger, she was bled six or seven times, and had a great number of leeches applied. The external wound however cicatrised, and the patient was sent out of the hospital on the 26th of August, declared *perfectly cured*. She was after this period seen several times in the streets, presenting marked signs of sinking. At last on the 15th of September, on getting up early to evacuate the bowels, she suddenly fell and expired in a few minutes.

Autopsy.—The external cicatrix was perfectly sound and complete, and the connecting tissue could easily be traced between the fourth and fifth ribs to the cavity of the chest. On the sternum being raised, there escaped from the left thoracic cavity, eight ounces of fluid, of a yellow colour. One point in the pericardium presented an abnormal thickening, as though from traces of recent inflammation. There were numerous and firm adhesions at the summit of the left lung. A cyst of a dark blue colour, filled with coagulated blood and fluid, adhered by a large pedicle to the left side of the pericardium, and the pericardium being raised and opened, was found full of clotted and fluid blood, the quantity being estimated at about

two pounds. The heart was atrophied, thin, and full of blood. It was pierced near its apex by a round and conical opening, which, like a sphincter, communicated with the left ventricle. This opening was large enough to admit easily an ordinary sized pair of pincers, and presented at its circumference a whitish callosity, quite uniform, and exactly corresponding to the above-mentioned cicatrix of the pericardium.—*Gazette Medicale de Paris*.

SYDENHAM SOCIETY.

From the report of the Council of the Sydenham Society, for 1843, which we have recently received, we learn that, in addition to the Treatise of Professor Hecker, formerly issued, and the work of M. Louis, on Phthisis, now just circulated amongst the members, the promised edition of Sydenham will shortly be in the hands of the subscribers. We have had several inquiries respecting this last work, and as some dissatisfaction has been expressed, that it should not have formed the first publication of the Society, we quote that portion of the report which refers to it.

"It was not without some regret that the Council were obliged to forego their original intention of issuing, as their first volume a carefully-edited edition of the works of Sydenham in the original Latin. It was natural that the operations of the Society should commence with the issue of the works of the great physician whose name it bears. A good Latin edition of Sydenham has long been a desideratum; and it has been felt by all scholars to be a disgrace that the country which boasts of having given birth to a second Hippocrates should never yet have produced a complete edition of his works, worthy of the author. By appointing Dr. Greenhill, of Oxford, as the editor of Sydenham's Works, the Council feel assured that this desideratum will be supplied; and they are happy to be able to report that the Latin edition will, in the course of a few weeks, be in the hands of the Subscribers. The amount of labour required, and the pains which Dr. Greenhill has bestowed on his task, are the sole causes that have prevented the earlier issue of Sydenham's Works."

The members will be glad also to learn, that of the other books already announced as in the course of preparation, the first volume of the works of Paulus Ægineta, translated and edited by F. Adams, Esq., is already in the press, and several others are in a forward state.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 21st, 1844.—W. Gibson; P. A. Jackson; H. Deane; E. Teggart; J. T. Perinton; J. R. M. Lewis; J. Hughes; G. L. Shine; E. Deane.

BOOKS RECEIVED.

Chemistry, as exemplifying the Wisdom and Beneficence of God. By George Fownes, Ph. D., Chemical Lecturer in the Middlesex Hospital School. London: Churchill, 1844, 12mo., pp., 184.

First Lines for Chemists and Druggists preparing for Examination before the Board of the Pharmaceutical Society. By J. Steggall, M.D., M.R.C.S., &c. London: Churchill, 1844, 12mo., pp. 169.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Members of the Provincial Medical and Surgical Association are informed that the Twelfth Anniversary Meeting of the Association will be held at Northampton, on Wednesday, the 7th, and Thursday, the 8th of August next.

The First General Meeting of the Association will be held in the County Hall, on Wednesday, August the 7th, and the President of the Council, Dr. Hastings, will resign the chair at one o'clock to A. Robertson, M.D., F.R.S., the President-Elect, who will then address the Meeting; after which the Report of the Council will be read by the Secretary, cases will be read, and other necessary business will be transacted.

On Wednesday evening, at eight P.M., the Members will again assemble at the same place, when the Retrospective Address on Anatomy and Physiology will be delivered by Dr. W. Budd, of Bristol, and Members will have an opportunity of reading cases or other short communications.

On Thursday morning, at nine o'clock, the Members of the Association and their friends will breakfast together at the Angel Hotel; for which breakfast tickets, at 2s. 6d. each, may be procured.

At twelve o'clock the same day a General Meeting of the Members will again be held in the County Hall, when the Retrospective Address on Medicine will be delivered by Dr. Cowan, of Reading, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together at the George Hotel; to the Dinner the admission will be by Ticket of 8s. 6d. each; and for this sum Dinner, Dessert, and Coffee will be provided, but Wine is not included.

Members are requested, on arriving at Northampton, to repair to the County Hall, where James Mash, Esq., Secretary, and other Members of the Local Council, will be in attendance to give every necessary information as to the progress of business, so as to obviate confusion. Tickets for the Breakfast and Dinner may also be procured of these gentlemen, and the members and visitors are requested to enter their names and address in a book which will be there provided.

It is requested that those members who purpose to honour the Association with their company, either at Breakfast or Dinner, will signify their intention to Mr. Mash, on or before Friday, the 2d of August; such notice being extremely desirable to insure adequate preparations being made.

Members intending to read cases or papers to the Meeting, will be good enough to intimate their intention, either to the President or the Secretary, on or before the 29th of July.

The Secretary will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The attention of the Members of the Association is particularly called to the great additional expense now entailed upon the funds of the Society. By the arrangement which was made at the Anniversary Meeting at York, the Members have, since that time, in addition to the Annual Volume of the Transactions, been supplied weekly with the Provincial Medical and Surgical Journal, and by this arrangement they are receiving both these publications for little more than half the sum which is paid for a weekly periodical. It is therefore rendered very important that Members should be punctual in the payment of their Subscriptions, and also endeavour to increase the funds of the Association by enlisting new Members. Members will much promote the objects of the Association by making its advantages known among their medical friends and acquaintance.

. It is requested that any Member who has not received the Twelfth Volume of the Transactions will immediately intimate the same to the Secretary, who will make a proper inquiry into the cause of the error.

TO CORRESPONDENTS.

Communications have been received from Dr. Toogood; Mr. Allison; Mr. Daniell; Dr. Shapter; Mr. Husband; Medicus; and Mr. Rose.

The account of the meeting of the South Western Branch of the Provincial Association is in type, but we have been under the necessity of postponing its insertion until next week.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASES ILLUSTRATIVE OF THE BENEFICIAL RESULTS WHICH MAY BE OBTAINED BY CLOSE ATTENTION AND PERSEVERANCE IN SPINAL DEFORMITY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have pleasure in forwarding, for insertion in your valuable Journal, details of the following cases of spinal disease. The first is a case of caries of the dorsal vertebræ, to such an extent, that the patient when first seen, with difficulty dragged himself upon his crutches, his chin resting upon the sternum, which had become much hollowed by the constant pressure; the occiput also rested upon the projecting spine, and each side of his head upon his shoulders: the second, an instance of the most extreme spinal curvature and general deformity from rickets, which has occurred to me in the course of my practice. An outline of the former of these cases, for the first eight months that it was under treatment, is inserted in the second edition of my work, on Diseases of the Spine; but the conclusion of the case being so exceedingly satisfactory, I have thought it desirable to give it publicity in the pages of your Journal.

I am, Sir,

Yours respectfully,

S. HARE.

9, Langham Place, London,
June 20, 1844.

W. F., was born in December, 1832. When an infant, although he was not stout, he was yet a fine child, and his flesh was firm; he had the whooping cough while at the breast, and was subsequently exceedingly ill from enlargement and hardness of the abdomen. In June, 1834, his nurse slipped and let him fall, in consequence of which he suffered so much that it was not thought he could recover; he did, however, so far improve, that it was hoped no further ill effects would follow. In the month of September, 1835, he had the measles; in the spring of the following year, a projection of some of the dorsal vertebræ, with an altered form of his chest, was observed, in consequence of the child walking in a singular manner,

holding his head backwards, and having his shoulders much raised. Medical assistance was immediately procured, but the disease progressed rapidly, the spine and sternum becoming more and more prominent, which they have continued to do to the present time. In the course of the summer, he lost the use of his lower extremities, and, for ten months, had not any sensation in them, even when they were pinched, intentionally; the spasmodic contractions in them during the nights were most severe, his limbs being forcibly drawn up to his body. As the disease advanced, his head, which was at first thrown backwards, fell upon his chest, as he was not able to support the weight of it without some assistance; his strength entirely left him, and his emaciation was, and has been since, extreme. His whole trunk was now exceedingly deformed, being much diminished in length; his chest was greatly contracted, his cough very troublesome, and his breathing most distressing, especially when asleep. He had the greatest difficulty in turning himself in bed; if he did so, he would be ten minutes or more, before he would recover from the effects of the exertion; his complexion, at these times, was quite livid. From this period, 1837, he was confined altogether to his bed or a chair, until 1842, when he somewhat recovered the use of his limbs, so as to be able to walk a few yards with the assistance of crutches, but his debility was such, that it was painful to see him drag his limbs after him, and his difficulty in breathing was so great as to prevent him walking more than a few paces; but no symptom caused him so much suffering as his difficulty in micturition, being often twenty minutes or more in excruciating pain, without being able to relieve himself in that respect; the secretion from the kidneys was dark in colour, and exceedingly strong in odour.

June 27, 1843. At present the patient is suffering extremely; his cough is very troublesome, but he has no expectoration; his breathing is extremely difficult, being short, frequent, and altogether diaphragmatic, at times producing great lividity of the face; he is troubled with headach; his sleep is short, much disturbed, and apparently accompanied with increased difficulty of respiration; his complexion is sallow and unhealthy, his skin hot and dry; he complains of general and

great lassitude and debility, rendering him unwilling, if he had the power, to exert himself, while he is so feeble, that he is not able to lift even a trifling weight. His emaciation is extreme, his limbs are wasted to the bone, his cheeks are hollow, and his countenance expressive of suffering. The spine is exceedingly distorted, presenting a remarkable example of angular projection, including all the dorsal vertebræ, excepting the first and last, the most prominent ones being the fourth and fifth; there is considerable soreness on pressure in the course of the diseased vertebræ. The sternum projects forwards excessively, the ribs are much flattened externally, and project forwards and downwards, so that the extremities of the lower ones fall quite within the brim of the pelvis. The shoulders are so high that, on a lateral view, they almost prevent the ears from being seen, and the head is embedded, as it were, in a hollow formed by them; while, by the constant pressure of the chin on the sternum, the upper part of this bone has become very much depressed.

September 27. The patient has now been three months under treatment, having been placed on an inclined plane and had gentle extensions by means of regulated weights, with pressure on the prominent part of the sternum; the state of his general health has also been attended to by correcting and improving his digestive organs. The symptoms already enumerated are all much improved; his breathing is less difficult and his sleep more composed; his shoulders which were as high as his ears are much lower and he feels, that when he has occasion to rise for necessary purposes, he has strength for it; he has increased in height two inches.

December 27. A cast has this day been taken of the patient, and certainly nothing but a comparison of this bust with the one taken when he first came under my care can give an adequate idea of the improvement which had taken place. His general health is much better; his breathing, which was, to use his mother's expression "awful," is now quite easy; he has nearly lost his cough, is much less subject to colds; he sleeps well all night and his spirits are excellent.

February 29, 1844. All his symptoms continue favourable; his strength has increased so much that he can walk across the room with perfect ease, and is quite erect, although some protuberance of the spine still remains; notwithstanding the development of his body generally, his chest has diminished an inch and three-eighths in its antero-posterior diameter, having increased proportionably in its transverse diameter; he has grown since September last, nearly two inches.

June 20. On this day week he will have been under my care twelve months, when the particular treatment of the case will be discontinued, as he can now run about with activity, and is in every respect better.

This great change has been effected, I am happy

to say, without subjecting him to a single hour's pain during the whole time he has been under treatment.

The following are the particulars of the second case:—

C. O., aged twenty-three years, was born a fine child in November, 1820. When five weeks old she had a severe inflammation of the lungs, from which she was not expected to recover; this attack left her exceedingly weak. In April, 1823, she had a fall by which her clavicle was fractured; she now became very ill, having a severe bowel complaint by which she was confined to her bed,—was very much emaciated, and, subsequently, unable to walk for upwards of three months. This illness was followed by the measles, after which she had a long confinement, attended with eruptions on the face and head, the exact nature of which it is now difficult to determine. She afterwards improved somewhat, but has never been entirely free from pain in her limbs, and indeed throughout the whole body since. In 1826, so much deformity had taken place in her back and limbs, that she had jointed iron supports made, which passed round the abdomen and down to each foot; she wore them from nine to twelve months, but was obliged to give up their use.

About this time she had a fall upon her knee, which was much hurt, and soon after another, by which her thigh was fractured; she again suffered a long confinement, and was subsequently obliged to use crutches for nearly twelve months, being weak throughout her whole frame, but especially in her limbs. In 1832, she had again the misfortune to have a fall, by which her left leg was so much injured, that she has not been able to put it to the ground since, being obliged to be wheeled about in a carriage made for the purpose. Since the autumn of 1835, she has not been out of the house; such indeed, have been her sufferings, that since June, 1837, she has only been once (in November, 1842) off the crib on which she now lies, and although the removal was effected with the greatest care, she was three or four days before she recovered from the pain which it occasioned. She is never able to lie down *entirely*, but has four or five pillows, generally the latter number, and cannot rest without them. Her sufferings are, and have been chiefly in the chest and abdomen, though her back and limbs have been nearly as bad; the pains and distress are almost unceasing, so that she has rarely any respite even for an hour. In January, 1842, she had the influenza, and was very ill for three weeks or a month, and had an almost constant cough for six weeks, with pain in the chest, and an increase of nearly all her symptoms, and was many months before she regained even her usual strength.

May 1, 1844. The patient this day came under my care. The distortion of her spine to the left is of extreme extent; the ribs, especially the carti-

luginous portion of them, on the same side, and the whole abdomen, project excessively, and so much is the body twisted, that the left nipple is directly underneath the anterior border of the axilla on that side, while the umbilicus is in a perpendicular line with these two parts, so that it is displaced fully four and a half inches to the left; the ribs of the right side, in curving over to the opposite side, form a deep fossa above the right hip, where the folds of the integuments, from being in constant contact, and from the frequent friction which takes place between them, are often inflamed, and give rise to almost constant soreness. The right hip projects extremely, and above it there is very considerable incurvation of the spine. The bones, both of the arms and fore-arms, are distorted, and both thighs have an anterior curve; the tibia and fibula of the left leg are also much curved in the same direction, and rather outwards, so that the sole of the foot is somewhat bent inwards. This, however, is much more the case with the right side, for, at about two inches above the ankle, the bones of the leg are suddenly distorted inwards at so acute an angle, that the sole of this foot looks inwards and upwards towards the left shoulder, and she can see it as she reclines on her crib.

The patient suffers from very severe attacks of spinal irritation, giving rise to extreme pain in various parts of the chest, abdomen, and head, with corresponding tenderness along the course of the spinal column, and she has frequent attacks of hysteria. The tongue is white and furred, appetite very bad, thirst considerable, bowels irregular, sometimes not being moved for four or six days.

She was now removed from the crib, which had been, for seven years, her chair by day and her bed at night, and placed upon an inclined plane, and in a few days gentle extension was made by means of slight weights attached to the feet, axillæ, and head, the use of which was at first limited to an hour or two per diem, but which have since been increased both in weight and in the periods during which they have been used; besides which, frictions, compresses, and other means, were adapted and applied to the most projecting parts, and in addition to these, close attention has been paid to her general health, and the state of her digestive organs. Gentle purgatives, together with tonics and slight stimulants, (quinine, with tincture of cardamoms, camphor, and sulphuric æther,) have with this view been administered. Great pains were also taken to promote the expansion of the chest.

June 8. Under this plan the most satisfactory improvement has been, and is taking place. Her health is better, her appetite improved; the functions of the stomach and bowels are more efficiently performed, the spinal irritation and consequent pains in the chest and abdomen extraordinarily diminished, and of the hysterical attacks, from which she so frequently suffered, she has had but one single return. Such was the deformity of her chest,

and the state of her lungs, that, on the first of May, on taking a deep inspiration, she was able to expire only 25 cubic inches of air, while such has been the increase in the capacity of the chest, she is this day able to expire rather more than 50. This is ascertained by means of a glass vessel, marked with cubic inches, from 10 to 200; this is filled with water, and inverted in a pneumatic trough; the patient then fills his or her chest, and breathes through a glass tube into the meter; the quantity of water displaced showing, of course, the capacity of the lungs.

June 20. The form of the chest, &c., of the patient, continuing so obviously to improve, I have this day a third time ascertained its capacity in the way above-mentioned, and am glad to say, that there is again an increase of 20 cubic inches over the number last named, as she is now able to expire rather more than 70.

There is much less projection of the chest and abdomen to the left, the umbilicus being within two inches of the median line, and the left nipple has resumed more of its natural position, besides which, the breasts are commencing to be slightly developed, they having before been as flat as in a girl of ten years of age. The deformity of the left tibia and fibula is diminished; and, as regards the angle in the right, which before was so acute that the little finger could not be placed in it, there is now a space of at least three-quarters of an inch.

The following measurements will give an accurate idea of the relative proportions of the different parts of the body, as regards the length on the right side. The first row of figures exhibits the state she was in on the 1st of May; the second, that on the 20th of June.

	May 1. Inches.	June 20. Inches.
From the vertex to the clavicle	9	9½
———— clavicle to the hip	6	8½
———— *hip to the knee	8	11
———— knee to bend in the leg	7	7
———— bend to the heel	6	5
	36	41

From the above table it will be seen that the body, from the knee upwards, has increased six inches, while the convex angle, formed by the bend in the right leg, has diminished one inch, consequently the increase in the entire length of the patient, since the first of May, is five inches.

It is satisfactory to be able to state that I have not the least hesitation in believing that she will continue to improve; and I shall have pleasure, at some future period, in transmitting an account of the further progress she may make.

* The distortion about the pelvis is so great, that it cannot be said to add to her length at all.

SUCCESSFUL REMOVAL OF THE UTERUS BY LIGATURE.

By JONATHAN TOOGOOD, M.D., Bridgewater.

The following case, although not similar to that published by Mr. Crosse, in the *Journal* of the 12th of June, affords an additional example of the safety and propriety of removing the uterus under certain circumstances.

About sixteen years ago I was requested to visit Miss L., aged about forty, who was represented to be suffering from a considerable swelling, which prevented her from passing any water. The introduction of the catheter was rendered somewhat difficult from the protrusion of a large mass from the vagina, but after a little time I succeeded in drawing off between two and three pints of water, and then proceeded to make a more accurate examination. I found that the uterus was completely prolapsed, and hanging down between the thighs. There was not much difficulty in returning it, or retaining it in its natural situation by a large globular India-rubber pessary, which I directed to be removed occasionally and replaced. I heard nothing more of my patient for three years, when I was again desired to see her on account of a profuse and most offensive discharge, which had existed for some time. To my very great surprise I discovered that the pessary had never been removed, which at once explained the cause, and I was actually obliged to deliver her of it with the forceps. From that time, as I subsequently learnt, it was never replaced, consequently, the uterus was frequently coming down, and prolapsing beyond the external parts, and she had acquired the habit of returning it by sitting over an open space, and pushing it back with her fingers. This course was pursued until the 13th of April last, when it came down, and, after making repeated ineffectual attempts to return it for three days, she sent for my late partner, Mr. Parsons, who gives me the following statement :

"On Wednesday, April 17th, I was sent for to see Miss L., a maiden lady, nearly sixty years old, who I had before known to have been suffering from a prolapsus of the womb; on my arrival I was informed that this had come down on the Saturday previously, during a violent fit of coughing, and that all her attempts to reduce it, had failed. On examination I discovered a very large protrusion of a pyriform shape, and extending from the vagina to at least seven or eight inches. The surface was not very sensitive, but was of a red, florid colour, and in some parts ulcerated and coehymosed from repeated attempts to effect its reduction, and from which some hæmorrhage occasionally occurred. Every endeavour on my part to return it being fruitless, I ordered some leeches and cold applications to be used, hoping, in a day or two, by these means, to reduce its bulk, so as to enable me to return it. None of these remedies, however, succeeded, and as, on a more careful examination, I discovered that the neck of this large mass, as it entered the vagina, rather diminished in size, I requested a consultation with my friend Dr. Toogood, who had formerly attended the patient, who agreed with me on the practicability and safety of removing the whole by ligature. Accordingly, on Sunday the 21st, we applied a ligature very firmly round the neck of the swelling, just within the vagina, and took away the protruded part immediately.

"The mass removed was about two pounds weight, the shape of the uterus, but its structure much altered in character, the cavity being quite obliterated, and the os uteri become almost cartilaginous. No bad symptoms ensued, and she told me yesterday, the 22nd, that she was as well as when she was sixteen.

"On examination, no uterus can be discovered, but the vagina seems to terminate in a short cul de sac."

At the time I met Mr. Parsons in consultation, the patient was in a very suffering state from general irritation and repeated discharges of blood, and as the parts had begun to assume a somewhat flaccid and livid appearance, I thought the safest course would be to remove the whole as speedily as possible, and I advised the operation with the greater confidence, from having, in the course of my experience, known two other cases in which the whole body of the uterus was removed by ligature, without any immediate danger; but as these cases were not my own, I know nothing of the details or ultimate event of either.

Bridgewater, June 24, 1844.

CASE OF PERITONEAL DROPSY.

By EDWARD DANIELL, Esq., Newport Pagnell.

In offering the following case to the profession, I am aware that I am adding but very little to the general stock of knowledge in peritoneal dropsy, but as the case was successful, and that after only one operation, I thought the particulars of it would not be unacceptable, for to practical men one fact is of more value than a thousand suggestions.

—, 37 years of age, was delivered on the 3rd of April, 1835, of her fifth child; the case was simple, and the labour not protracted; a month passed on without any symptom of an unpleasant character. She was enabled to pay several friendly visits to ladies who had favoured her with kind enquiries during her confinement, and on one of these visits was overtaken by a shower, which made her damp and uncomfortable, but anticipating no evil, she did not regard it. She was however seized on the following day with severe pain over the whole abdomen, which seemed at length to concentrate itself in the left groin. The pain was so intolerable that she could not stand erect, and there was tenderness on pressure, costiveness, and pyrexia, symptoms clearly indicating inflammation of the peritoneum.

She was bled in the arm, leeches, cupped, and blistered, and, as the attack was combined with considerable cerebral disturbance, her hair was close cut off, spirit lotions applied to the head, and the general antiphlogistic plan pursued. By this process the inflammatory symptoms gave way, but they were only yielding to exhibit another form of disorder, too common where membranes analogous to the peritoneum, are the seat of active mischief.

Tumefaction of the abdomen became visible in a week after the inflammatory symptoms had subsided, fluctuation was perceptible, and I need not add, that from the obstinate nature of such cases generally, the final result was referred to with very gloomy anticipations.

Small and repeated doses of mercury were given without any obvious effect upon the system; ptyalism could not be induced; elaterium in its usual forms was administered, and neutral diuretic salts combined

with every agent generally employed to rouse the torpid condition of the kidneys, but without effect. Recourse was then had to small and repeated doses of iodide of potassium, and an ointment compounded of the same salt was directed to be rubbed freely over the abdominal region. The effect of this ointment was to produce extensive cutaneous irritation, and the tenderness was so great, that the patient begged to have it laid aside. It was, however, repeatedly used when the condition of the skin would permit it. In spite of these measures the accumulation gained ground; the patient became cachectic, and so exceedingly reduced in flesh, that it became obvious that she would sink, if the disorder could not be overcome by other means, than those hitherto employed.

I therefore proposed an operation, being convinced that if any good was to be derived from removing the accumulation by such process, it would be better to do it without the least delay.

I consulted my friend, Dr. R. on the subject, who bestowed much pains in considering the case; he thought with me that it would not be possible to avoid an operation, but suggested a plan of treatment which might have a fortnight's trial, and then if no good resulted, to proceed at once to paracentesis abdominis.

The medicine, however, produced no effect; it did not even stimulate the kidneys to more activity than what had been done previously, while the accumulation was increasing daily, and the distention of the abdomen distressing. Therefore, on the 17th of June, just eight days after Dr. R. had seen her, and six weeks from the commencement of the attack, I performed the operation, assisted by my excellent friend, Mr. Rogers, of this town, when fourteen pints of dark coloured fluid, resembling in appearance water, in which aloes and saffron were infused, were abstracted. The patient bore the operation well, the abdomen was well banded; she was put to bed, and from that time to her perfect recovery, not one important symptom occurred. She has since had two other children, and with the exception of occasional constipation, which indeed has always been her peculiar habit, she enjoys at this time perfect health. The secretion of milk, which was scanty during her illness, became most abundant after her recovery, and she was enabled to suckle her infant her usual time.

Remarks:—This case has suggested to me one material point in the treatment of peritoneal dropsy, viz., *not to uselessly protract an operation.* Effusion may be considered as one of the accidents of inflammation, and occurs without any hydropic disposition; but if water be suffered to remain for months in the cavity of the abdomen, vitiating and emasculating the bowels, and weakening the energy of the absorbent vessels, it appears obvious the accumulation will return, and an hydropic diathesis be induced. I am also inclined to think that the previous medical treatment had its share in this successful recovery, for although the mercury and iodine were incapable of exercising an influence on the vast body of water deposited, who shall say that when that water was removed they were not active agents in preventing a return?

Newport Pagnell, Bucks, June 25, 1844.

CASE OF TWINS, IN WHICH THE PLACENTA OF THE FIRST CHILD WAS NEARLY DETACHED, BEFORE THE MEMBRANES OF THE SECOND WERE RUPTURED.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

There is not anything new either in the following case, or the treatment of it, but perhaps it might have been managed better; and if so, my want of due care on the occasion may be a caution to others who meet with similar cases; for it is easier to see afterwards what might have been done, than to do everything well at the time of such an occurrence. From these considerations I send the case for your decision, whether or not the publication of it may be desirable, remaining, Sir,

Yours respectfully,

W. ALLISON

East Retford, June 24, 1844.

I was requested on the 24th of May, 1844, to see a woman, (the wife of a butcher, named Hawksley,) who was supposed to be in labour of her fourth child, and who had suffered from frequent uterine pains which had prevented her from sleeping during the last twenty-four hours. The child's head was felt presenting at the brim of the pelvis; not pressing upon the lower part of the uterus, round the os uteri; the os uteri nearly as large as a half-crown piece; the membranes neither broken nor protruding. There was a coloured though not excessive discharge. She was desired to get into bed, and to take some gruel, which was not to be hot.

On calling again after a lapse of some hours, the membranes were rather protruding, but the pains were still inefficient. The woman told me that one of her intimate friends had remarked that day, "From your size, you do not appear to me to be at your full time;" and she named that remark to me, just at the moment when I was thinking that the uterus was over distended, and more probably so by two children than by an unusual quantity of liquor amni. On examining her body externally, it felt large at the sides, and as if the uterus contained twins.

As the edge of the os uteri had become thinner, the membranes were ruptured, and in about one hour a child was expelled; the navel-string was tied and cut, when the untied end bled so freely as to require a ligature. On passing a finger along the cord, about half the placenta was felt in the vagina; as, however, the abdomen was not much less in size, I made my left arm bare and passed my hand beyond the placenta into the uterus; when feeling a second head, I again ruptured the membranes, and then feeling what I thought was a knee, pulled it down, and found a *hand* in the vagina. Having returned my hand, having found two knees, and having ascertained that they belonged to one child; I used a good deal of force in turning the child with its legs downwards, the disturbance of which, produced some pains, and a second child was soon expelled, bringing the first placenta before it. There was profuse hæmorrhage during the extraction of the second child. The other placenta was readily peeled off, from the fundus of the uterus, and was

quickly brought away without producing any uterine contraction; there was still free hæmorrhage, and as I had previously asked for a pail of water, cold from the well, I held my left hand and arm a minute or two in it, and again passed that hand to the fundus of the uterus, which part I pressed between the left fist and the right hand taken from cold water and placed externally. At the same time I might have attempted to press altogether upon the common iliac vessels, but did not think of it at the moment when it might have been practicable. After having changed the point of pressure once or twice, there was a strong uterine contraction round my wrist, not my fist, and a more free hæmorrhage from below the contracting part, the spot where the first placenta had been attached, near the neck of the uterus, which induced me to bring my left hand below the contracting part and to keep up pressure, between my hands, at the lower part of the uterus, until it also was contracting tolerably well. Napkins wrung out of cold water were applied, together with forcible pressure of the uterus between my hands placed externally; several folded towels were placed upon the abdomen below the navel, and a broad tight bandage round the hips and body. Thirty-five drops of Battley's sedative solution were administered; the nurse was desired to keep the room cool; to give cold water occasionally, and to let the woman remain several hours as she was (in her dress) without disturbing the bandage. The following morning, the report was, "That the woman was very faintly one hour after I left her; that she did not faint completely; but, that she had lost a good deal of discharge." There was rather unusual discharge during the first three days, which was an object to her, inasmuch as she had not been previously in a good state of health and had lost flesh and strength.

REMARKS

The mistake in bringing down the hand instead of the knees in the first instance, lost perhaps one minute; perhaps no time on the whole, for I then knew what it was, and it was removed from the legs: nevertheless, some questions naturally arise in ones mind, should the membranes have been ruptured at my first visit to have saved time and strength? Could the after discharge have been moderated by producing a more complete uterine contraction immediately after withdrawing the second placenta? Should the hand have been kept longer for that purpose above the (hour-glass) contracted part?

Although we may suppose that as contraction was produced by pressure below, it might have been occasioned also above the middle, by taking more time for perseverance; yet, during that time, and the further time which would have been occupied in withdrawing my hand through a firmer hour-glass contraction, violent hæmorrhage would have continued from the situation of the first placenta. If the following question could be answered:—"What time would have been occupied in producing an entire contraction at the fundus?" we still could but guess at the answer to another—namely, "what would have been gained on the whole?"

In the present day various opinions are held upon almost every point in physic or surgery; and doubtless a common case like this admits of adverse theories.

Some practitioners would say, that after the expulsion of the second placenta, the introduction of the hand into the uterus was worse than useless; whilst others would maintain, that it was withdrawn too hastily—the one would say, that it produced the hour-glass instead of a proper contraction; the other, that without the introduction of the hand there would not have been any contraction at all, in a lately over-distended, almost bloodless, and flaccid uterus.

We know the result as it is; the woman is recovering very well, and, contrary to my advice, suckling both children, now thirty days since her labour.

During the first week, the younger infant always cried when its legs were moved; probably from the bruising and extension of its limbs whilst turning it in the uterus.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 10, 1844.

Our attention has recently been directed to a subject on which considerable difference of opinion exists, and on which, at the same time, it is highly desirable that correct views should be entertained. The destruction of animal life for the purposes of scientific inquiry, and the institution of experimental researches on the living animal, however important and, indeed, necessary to the elucidation of many physiological questions, are in themselves repugnant to every humane feeling. However therefore the end sought after, the acquisition of knowledge, may be valuable in itself and beneficial to mankind, in the light thereby thrown upon the processes of life, upon the functions of the living organism, and upon numerous questions connected with the preservation of life and health and the restoration of injured parts, the question still arises whether in any case we can admit that the end justifies the means.

The whole subject of vivisection with the view of scientific inquiry, has engaged the attention, and occupied the pens of writers employed by the Society for preventing cruelty to animals, and the arguments adduced by these writers have been met and examined into by others who have taken opposite views. While there is much exaggeration and ignorance, combined, we believe, with the best and most praiseworthy intention, on the one side, there is also, we are constrained to admit, on the other, a defect in viewing the real merits of the subject, while at the same time the only tangible grounds on which the practice is justifiable, or can

in any case be justified, appear to us to have been overlooked.

To instance the exaggerations of the writers employed by the Society would be quite unnecessary, as the existence of the practice is unquestionable; and it is its use, restrained within the limits of presumed necessity, not its abuse, about which any real difference of opinion can exist. Again to expose and comment upon the ignorance which they display, would for the same reason answer no useful purpose. We shall rather turn therefore to the other side of the question, and, examining the arguments brought forward in excuse for the practice, endeavour to point out wherein these are defective, and must consequently fail of bringing conviction to the sincere and candid inquirer.

In an ably-written pamphlet, entitled "Remarks on the Use of Vivisection," and addressed by the writer, Mr. Richard Jameson, to the Earl of Caernarvon, as President of the Society, we find the following propositions laid down as the ground of discussion:—"First, that the *number* of experiments practised upon living animals is grossly exaggerated by the writers employed by the Society. Secondly, that the *pain* caused by these experiments is also, in many cases, exaggerated. Thirdly, admitting that in many instances much pain is the result, vivisection* is, notwithstanding, *necessary*, as a means of acquiring and of imparting useful knowledge; and, lastly, that whilst necessity alone compels *us* to take away the lives of animals, *our accusers* are daily accessory to their wholesale *destruction* and torture for the mere gratification of luxury, or as an amusement to while away the passing hour."

It may at once be stated, without adducing passages in proof, that each of these points is fully established by the author of the letter, but when this is granted, the argument is singularly defective, since, however the writers of the Society may be convicted of misstatement, want of information, inconsistency, and partiality, it does not reach the point of showing the moral lawfulness of the act. Thus, though the *number* of the experiments performed may be grossly exagger-

ated, no one will be found to deny that experiments on living animals do take place, and the question involves not the lawfulness of many, but the lawfulness of any such experiments. Again, though the pain inflicted may be over-estimated, the question is, the right of inflicting pain at all for such purposes. Thirdly, the argument that experiments on living animals, inflicting upon them suffering and death, are *necessary* as a means of acquiring and imparting useful knowledge, even allowing such necessity to be proved, does not meet the question as to the *right* to perform such experiments; the end cannot justify the means; we are not to do evil that good may come. And, lastly, unlawful and unjustifiable practices, performed on a presumed necessity, are not rendered morally correct by equally unlawful and still more unjustifiable practices entered into for the purposes of mere amusement or luxury.

The questions for consideration, in relation to the subject, are, as it appears to us:—first, whether under any circumstances we are justified in depriving an animal of life: secondly, whether, in so doing, we have the right to inflict severe suffering; and thirdly, whether the prosecution of a scientific inquiry, with the view of present or ultimate benefit to mankind is of sufficient importance to justify the exercise of such a right, supposing it to exist.

The first of these questions may at once be answered in the affirmative, since the permission given in Holy Writ, both under the Jewish and Christian dispensations, to take away the life of animals offered in sacrifice, and for food, is express, and cannot be questioned. But the real object in killing animals for food, is to contribute to the preservation of the life and the support of the strength and health of human beings, and we cannot doubt, therefore, that in so far as the subjects of scientific research are not mere questions of curiosity, but can be shown to involve the preservation of health and life to human beings, the killing of animals for such purpose is morally lawful, and as consistent with true humanity as is the putting them to death for food. In neither instance, perhaps, can the practice be said to be strictly necessary, for animal food is not indispensable to the support of man, and we cannot consider that the absolute necessity for experiments on living animals, for the purposes in question, has been fully

* The author uses this term "for convenience, and to avoid circumlocution, as implying not only the actual cutting of living creatures, but all experiments upon them which involve either pain or death."

established ; but if the lawfulness of the one act be allowed, we see not how, the end being substantially the same, the lawfulness of the other may not be equally justified, and on the same grounds.

The question still remains whether, in seeking the attainment of these ends, the sustenance and support of life, directly by means of food, or the preservation and restoration of health, indirectly by means of experimental investigations of this nature, the infliction of any suffering beyond the mere act of depriving the animal of life is justifiable.

We will candidly own that we see much difficulty in coming to a determination on this point on either side. The infliction of suffering upon animals, and that to a considerable extent, is absolutely unavoidable, if they are to be made subservient to the purposes of civilized man. We need only instance the training of horses to the draught, the fattening of cattle, and the compelling of animals to work even no more than up to their strength, all of which are attended probably with as great an amount of suffering, as is requisite in the performance of experiments for scientific research.

Many other instances of similar character might be alluded to, while at the same time it is unquestionable, that in the ordinary relations of animals with each other, and especially among the carnivora, apparently great and lingering suffering is often inflicted.

Still we would most carefully and anxiously guard against abuse on this head, and it is our firm conviction, that a vast amount of sacrifice of life, and still more, perhaps, of suffering, might be saved by a due consideration of the best methods of attaining the real object for which any experimental research is investigated. The physiologist should ever bear in mind, in experimenting on living animals, that when the suffering is great his results are liable in a corresponding degree to be interfered with, if not altogether vitiated. The best experimentalists are not those who perform the greatest number of experiments, and the most trustworthy experiments are always those in which the greatest care is taken to preserve the animal experimented on, as far as possible, in all other respects but the one under inquiry, in a perfectly natural state. The wretched and reckless disregard for the sufferings of animals shown, especially, by some foreign experimentalists, has contributed

much to introduce obscurity into subjects, when a more humane and cautious mode of investigation might have elicited results worthy of attention.

On the whole, then, while we admit that where the end itself is a lawful one, animal life would seem to be placed at our disposal, it is evident that any unnecessary waste of it is morally and indefensibly wrong, and that when the occasional infliction of a certain amount of suffering for the purpose of rendering animals subservient to the use of mankind is necessary, every precaution should be taken to confine this amount within the smallest possible limits, whatever may be the object for which it is had recourse to.

MR. CARMICHAEL'S EXPLANATION OF THE CHARGE MADE IN HIS ADDRESS AGAINST THE GENERAL PRACTITIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the leading article of your last number* you were pleased to notice my address to the Medical Association of Ireland, in which I introduced a communication from a young Irish Apothecary in the employment of a general practitioner in England, with the view of showing the injurious effects of the present system of remunerating the general practitioner for his medicine, and not for his advice. From the context of the letter, and from the channel by which it got into my hands, I believe the facts detailed respecting the instructions this young man received from his employer to be perfectly true. I by no means intended to implicate the great mass of general practitioners in these abominations ; on the contrary, the high opinion I entertain of them is sufficiently indicated by my observing, that "The respectable portion of the general practitioners of England, and there are amongst them men of the highest medical attainments, no longer vend medicines ;" and again, "They, (the pure physicians and surgeons,) should recollect that such men as John Bell, Hey, and Abercrombie, distinguished ornaments of our profession, thus commenced their career." Now, surely, sir, those passages alone are sufficient to prove that the part of my address which has offended you, as the organ of the Provincial Medical Association, was only intended for the corrupt portion of the general practitioners of England, and you must know too much of the world not to agree with me, that there are men capable of every kind of rascality, not only in our own profession, but in every other ; and that the only way to keep in check the unprincipled and mischievous propensities of these miscreants, is to remove, as far as can be done, all motives or opportunities of indulging them. On this account alone, every man who wishes to advance the respectability of the medical profession, ought to advocate the principle of remunerating this most useful class of practitioners for their medical opinion and advice, and not for their

medicine; and I am sure there are no men more anxious to obtain this most desirable result than the respectable portion of the general practitioners of England.

I have the honour to be, Sir,
Your very obedient servant,
RICH. CARMICHAEL.

Rutland Square, Dublin,
June 28, 1844.

* No. 13, June 26th. Mr. Carmichael's letter was unfortunately too late for insertion last week.

We have much pleasure in inserting the foregoing letter from Mr. Carmichael, because, although it does not exactly meet our statement, it affords such an explanation and qualification of the expressions attributed to him, as tend to relieve the great body of the general practitioners of this country from the serious and disgraceful charge brought against them. We repeat, and with all respect for Mr. Carmichael, for it is precisely his high standing in the profession, and honourable character, that render it necessary to come to a clear understanding on the subject, that we put no faith whatever in the assertions of any individual, whose principles of morality are so lax as to permit him to comply with such a code of instructions as that referred to. We are quite aware with Mr. Carmichael, that there are unworthy members of the medical as well as of other professions, and that the evil to which he alludes of charging upon the drugs the value of medical advice and attendance, has and must have most injurious tendencies. We neither defend the custom, nor question that individuals will be found to abuse it. But when Mr. Carmichael was reported to have said that the communication of the young Irish Apothecary "admirably describes the common practice of the general practitioners" of this country, we felt it our duty at once to point out the falsehood of so sweeping an assertion, and to question the authority on which it was made. Mr. Carmichael, in stating that he "by no means intended to implicate the great mass of general practitioners in these abominations," limits the application of the obnoxious expressions, and so far qualifies their signification as to remove their offensive character.—Ed.

BIRMINGHAM PATHOLOGICAL SOCIETY.

May 4, 1844.

— ARCHER, Esq., in the Chair.

CARCINOMA OF THE BREAST AND LIVER.

Dr. Fletcher exhibited specimens of carcinoma, taken from the breast and liver of a woman, who was a patient at the General Dispensary, aged 50, which had the same appearance, modified slightly by the original structure of the glands.

The disease in the mamma had existed some years in a state of ulceration, and for about two years she had suffered from symptoms of disease of the

liver. Ascites came on about six months before her death, which took place in April, 1844, previous to which she had been a patient of the dispensary only about three weeks. She suffered great pain in the region of the liver, the abdomen was much distended, and she suffered much from constitutional irritation. Palliatives only were resorted to.

Post-mortem examination thirty hours after death. Body not emaciated nor decomposed; belly much distended; cedema of the legs; cancer in a state of ulceration, to the size of about a crown-piece, in the left mammary gland, which was enlarged and generally carcinomatous.

Head not examined. Contents of the chest healthy.

Abdomen. Liver about double its normal size, and generally carcinomatous; pale, yellow, transparent fluid in the gall-bladder. The cavity of the peritoneum contained about two gallons of transparent fluid. All other organs of the cavities of the abdomen and pelvis healthy.

MEDULLARY TUMOUR CONNECTED WITH THE LEFT KIDNEY.

Mr. James Russell exhibited to the Society, a tumour larger than a child's head, with which the left kidney was closely connected, formed of white medullary matter, in some portions tolerably firm, in others of scarcely greater consistence than thick cream; he gave the following particulars of the case:—

Mr. J., a traveller, aged 35, a thin active man, returned from one of his journeys, August 20, 1843, complaining of severe pain in his back and loins, which attacked him chiefly whilst he was walking, and was especially severe if he took exercise soon after a meal; he was often obliged to stop and sit down by the road side, in consequence of the severity of these sudden attacks of pain. On interrogation, nothing was elicited which threw a clear light on the cause of the pain; his chest was healthy, and no abnormal sound was heard along the aorta, to which attention was directed by the nature and seat of the pain; his tongue was much loaded. The case was treated as one of gastric derangement, and under some mild treatment his symptoms improved, but his bowels continued obstinate.

In the course of a few days he was examined whilst in bed, and a hard tumour was then discovered on the left side of the abdomen; it was of very firm consistence, its surface somewhat irregular; it passed upwards beneath the false ribs on the left side, and extended nearly as low as the navel, and in front to the median line. It was very tender to the touch, and seemed to have existed for some time. He complained much of pains in the iliac region. Iodine was prescribed, and the region of the tumour was rubbed with the camphorated mercurial ointment. His mouth became sore, and the pains were relieved.

In the course of the four months ensuing he made several journeys. In December, he stated that he had lost all sexual appetite, and that he had no erections. The tumour remained unaltered in size, and in consistence. His urine was healthy. At this period of the case the patient consulted Dr. Todd, in London.

In March, he returned from a journey, much distressed by severe diarrhoea; his legs and feet had begun to swell, and he had suffered severe pain in his testicles and in his penis, which almost prevented his

moving. The abdomen was tympanitic, the tumour increased in size, the penis was tender, and in its middle the corpora cavernosa were full, hard, and knotty.

From this time he was confined to the house, and generally to the sofa or to his bed by the pains, which prevented him from moving to any extent. Dr. Fletcher saw him at intervals during the remainder of his illness. He remained subject to occasional severe attacks of diarrhœa, on which occasions he would pass enormous quantities of liquid stool, frequently having a very peculiar character, resembling yeast in appearance, and quite destitute of stercoraceous odour: they were often sparingly streaked with blood. His urine contained a very large quantity of albumen, though healthy during the early stages of his illness. The abdomen was generally very tympanitic: his feet and legs much swollen. His appetite for a long time continued very good. By remaining quiet he escaped much of the suffering which had characterised the early periods of his complaint. His death was the result of a gradual process of exhaustion, accompanied with progressive emaciation. The deposit in the penis increased, until at last the organ attained nearly the size of erection: the stream of urine diminished in size, and the urine was at last completely retained: he was relieved with great difficulty, and after numerous trials, by the passage of the smallest sized gum catheter, and the operation had to be repeated every day until within three days of his death, which took place the 16th of March. The introduction of the catheter was often very difficult.

Examination forty hours after death. Body greatly emaciated. From one or two parts of the lower extremities the cuticle peeled off very readily, these parts presenting the appearance of vesication. Thoracic viscera healthy. Liver, spleen, and pancreas, healthy. The descending colon, which passed along the outside of the tumour and behind it, very much contracted. Right kidney fully four times the natural size, soft and flabby; its capsule peeled off very readily, its surface smooth. The substance of the kidney was extensively invaded by a deposit of white matter, mottled by numerous bloody specks, which occupied the place of a large number of the bundles of uriferous tubes, leaving however several bundles perfectly healthy in appearance. The surface of the tumour was not exposed until all the intestines had been removed. The tumour itself appeared to consist of a hard mass, larger than a child's head, firmly attached to the muscles of the loins by an expanded base, and occupying the position of the left kidney; and of a smaller and softer portion, containing fluid, lying upon the vertebral column. The vena cava passed over the surface of the smaller portion; the aorta passed behind it. On examination of the tumour subsequently, the small and soft part was found to be formed by the left kidney, which had apparently been turned completely round, the hylus being directed to the left side of the body; the kidney was closely united to the tumour, but, with the exception of a scanty deposit of fat within it, its structure seemed healthy, although very flabby. The pelvis was considerably dilated, and much distended with urine. The tumour was formed of white medullary matter, in the centre and upper portions tolerably firm, but in the lower and in the

posterior part very soft, flowing from the incision like thick cream.

Towards the circumference in one or two parts, the tumour was formed of a matter having the appearance of true scirrhus, but irregularly invaded by the medullary matter, in spots and in processes: it appeared to be undergoing the process of conversion into the softer material. The left ureter passed through the substance of the tumour around its upper border, and the vessels of the left kidney entered it at its middle. We were unable to remove the organs of generation, but from examination of the base of the penis, we judged that the organ contained matter similar to that of which the tumour was composed. The muscular coat of the bladder was somewhat hypertrophied.

FIBROUS TUMOURS OF THE UTERUS.

Dr. Fletcher then exhibited a specimen of a fibrous tumour, oval in its shape, and about three inches in its greatest diameter, situated in the anterior parietes of the uterus, of which a section was made so as to show its connections, and also a drawing, in which the recent appearances of the parts were represented.

CASE.—Ann Tyler, aged 38, a short stout woman, but evidently much emaciated, became a patient of Dr. Fletcher's early in 1842, and subsequently, May 6, 1842, at the General Dispensary. She complained of having suffered from violent floodings, accompanied by severe bearing-down pains at her menstrual periods, which were very much continued, at times for ten or twelve days for the last eight or ten months, so that they had reduced her to a very low state, and had brought on difficulty of breathing, palpitations of the heart on any exertion, and edema of the extremities. She had been married about ten years, had never been pregnant, and previous to the illness she now suffered from, had enjoyed uninterrupted good health, and worked hard in her household affairs, and in washing.

The patient, when she first applied for medical aid, appeared in a very weak state, and indicated that she had been the subject of great discharges. The organs contained in the head, chest, and abdominal cavities, appeared healthy. The shortness of breathing and palpitations complained of, could be referred only to debility; the urine and faces were healthy in their characters.

On examination of the uterus it was found larger than natural, and could easily be felt above the symphysis pubis, especially when pushed up by passing the finger into the vagina, which also detected a tumour occupying the anterior part of the neck of the uterus; and on passing the finger into the cavity of the uterus, which its patent state allowed as far as to the second joint, the tumour was found to be situated in the anterior walls of the uterus, and projecting into its cavity.

The treatment consisted in the exhibition of tonics, and preparations of quinine and iron, during the intervals between her menstrual periods, with rest as much as possible, and at those times perfect quiet, in the horizontal position; application of cold to the lower part of the abdomen; anodynes to allay the pains, which were at times as great as were seen in actual labour, and quite of the bearing-down character of those pains; and occasionally the exhibition of the ergot of rye, which had the effect of contracting the

uterus so as to completely shut up its orifice, and prevent the introduction of the finger for some days after its exhibition, and suppress the hæmorrhage.

Under this treatment she gradually improved in her general health, whilst the tumour increased in size, and projected more into the cavity of the uterus, so that it was hoped, that, could the patient be supported under the process, it would at length get sufficiently into the uterus as to have a neck-like connection with that organ, and become a fibrous polypus, and be removed by the usual operation. She had at times difficulty in making water, but it was never necessary to pass the catheter. Occasionally, during the treatment, she had a great deal of pain on pressure at the lower part of the abdomen, in the region of the uterus, when leeches were applied, which readily subdued it, but these did not seem to come on in any way in connection with the exhibition of the ergot of rye.

The case went on very much as described, the patient at times getting again and again into very weak states from the profuse hæmorrhages which took place at her menstrual periods, from which she revived again by means of generous diet and the tonics alluded to, until the commencement of November, 1843, when, on exposure to cold, after profuse hæmorrhages, shivering came on, succeeded by pains in the chest, great difficulty of breathing, and expectoration of rusty-coloured sputa. On examination of the chest, there was extensive dulness on percussion of the right side, and crepitation was discovered in the same situation by auscultation. Tartarized antimony was exhibited, and counter-irritation persevered in by blistering the right side of the chest. Blood-letting was out of the question, either general or local, her exhaustion was so great. She continued to get worse from day to day, and died on the 19th of November, 1843.

Post-mortem, examination November 20th, eighteen hours after death. Body fat, not decomposed. *Head*.—Not examined.

Chest.—A pint of serum in the right pleura; lung inflamed to a great extent generally; red hepatization of the middle and inferior lobes, sliced portions of which sunk in water. Left pleura healthy; the lung inflamed. All the four cavities of the heart were completely filled with fibrinous coagula; the muscular structure pale and exsanguineous, otherwise the heart was quite healthy.

Abdomen.—Stomach and intestines healthy. Liver pancreas, and spleen healthy. Kidneys healthy: bladder dilated; it contained about a pint of urine. Uterus about four times its normal size, with a fibrous tumour developed in its anterior parietes, nearer to the cavity than to the external surface, and projecting inwards, where it appeared covered only by the lining membrane of the uterus, which was continuous over it, and from which numerous blood-vessels could be traced into its interior. The tumour was oval in shape, and measured about three inches in its greatest diameter, which was in the direction of the walls of the uterus; it was firm, and semi-cartilaginous in its structure. The tumour bulged out anteriorly, and produced pressure upon the fundus of the bladder, and upon the urethra. Small cysts were developed in both the ovaries.

Dr. Fletcher then exhibited a uterus, in the parietes of which were a number of small fibrous tumours,

which had been given to him by Mr. Burdett. He had had no particulars of the case, but stated that he merely presented it as an illustration of another form of the same disease as in the case of Tyler, which had been a subject of great interest to himself and several medical gentlemen who had kindly seen the case with him, and afforded him the opportunity of their assistance in its treatment. It was hoped, as already alluded to, that it would have become converted into a polypus, and been capable of extraction. Its progress justified such a conclusion, for its projection into the cavity of the uterus very much increased, and provided the patient had not died from the attack of inflammation of the lungs, the probability is, that she might have been supported to such a favourable termination of the case; at the same time this process of conversion of the fibrous tumour into a polypus, Dr. Fletcher thought may have been accelerated by making incisions with a lithotome cachée into the membrane which covered it in the interior of the uterus, and in some degree kept it bound within the parietes, for this appears the only obstacle opposed to the efforts of the contractions of the uterus, which tended to force the tumour into its cavity.

Mr. George Elkington brought forward a specimen of fibrous tumour as large as the fist of a moderate-sized man, and gave the following particulars of the case:—

Mrs. Powell, was delivered on the 22nd of November, 1837, at 11, p.m.; had a natural and rather quick labour, the placenta was retained about half an hour, but was expelled by the natural efforts of the uterus. The uterus did not contract satisfactorily after the expulsion of the placenta, but remained very large, contracting on the application of external pressure, and again dilating when the pressure was removed, each contraction being accompanied with a discharge of coagula, which, though not very copious, was attended with fainting. On the 23rd, she complained of some tenderness over the region of the uterus, which was still large, and of sickness, having vomited several times. She was ordered a draught, with liquor opii sedativus and tincture of scelle, to be followed by effervescent medicine. In the evening she seemed better, but complained of flatulence. On the 24th she was better. The uterus had subsided more into the pelvis, the tenderness was diminished, and the sickness relieved. The pulse was natural; the tongue a little furred, and the skin rather dry; she complained much of flatulence. Ordered an aperient, and spirit of lavender to be added to her mixture. On the 25th, she described herself as feeling better in every respect, but she had not had any evacuation from the bowels. There appeared to be no secretion of milk, and the lochial discharge as scanty. My attention was arrested this morning by the frequency of the pulse, which, notwithstanding her freedom from pain or sickness or any other unfavourable symptoms than have been mentioned, was beating at upwards of 130 in the minute. I examined the bowels carefully, but there was no tenderness; tongue a little furred, but moist; no sickness; complaining chiefly of thirst and flatulence. Ordered a purging mixture. In the evening she had pain over the whole abdomen, but especially in the hypogastric region, increased by pressure or motion. No evacuation; pulse 140; sharp and vibrat-

ing; countenance pale and anxious. She was bled to ten ounces from a free orifice, which produced some degree of fainting, and was ordered calomel and opium, with purging mixture. From this date the case presented all the features of an obstinate attack of puerperal fever. She was treated with calomel, opium and antimony, blisters, and turpentine enemata, &c., but all without success, and she died on the 12th of December.

On examination after death, there was found to be some sero-purulent fluid in the abdomen, with some red patches on the intestines, but the evidences of inflammation were not very extensive. The uterus was large, and on making a section of it, a large tumour was observed in its interior as large as the fist of a middle-sized man, somewhat of a conical shape, and attached by its base to the fundus of the uterus; the placenta appearing to have been attached over the tumour. On dividing the tumour it presented all the characters of the fibrous tumours occasionally developed in the parietes of the uterus.

PUERPERAL FEVER; SLOUGHING OF THE UTERUS.

Dr. Waddy then brought before the Society a uterus which had been taken from a person who had died of puerperal fever. It was enlarged and flabby, its internal surface disorganized, and the neck destroyed to a considerable extent by sloughing. On the anterior surface were two small circumscribed abscesses, penetrating a short distance into the structure of the uterus.

Mrs. Harrison, aged 35, a stout, robust-looking woman, was attended in her confinement on the 16th of April last. Her labour progressed rapidly until the head came to press on the perineum, where it remained about two hours and a half before it was finally expelled. The placenta and membranes came away without any difficulty, and the uterus contracted firmly. On the evening of the same day, she was, to use her own expression, "as comfortable as possible."

On the 17th, I found her going on very well, having passed a good night. The lacteal and lochial secretions were moderate, and she had suffered very little from after pains. She continued improving, although occasionally suffering from headach up to the 25th, when the pain in the head became considerably worse, and was attended with great intolerance of light and sound. She also informed me that the secretion of milk, which had hitherto been abundant, had nearly ceased, and that she was troubled with a profuse watery discharge from the vagina. Pulse 70, soft and compressible; tongue clean and moist; no pain in the belly; makes water pretty freely; bowels moderately open. She was ordered the following mixture.

Solution of acetate of ammonia . . . 1½ ounce.
Spirits of nitric æther . . . ½ ounce.
Camphor mixture . . . 3 ounces.
Water . . . 3 ounces.

One ounce to be taken every four hours.

Three leeches to be applied to each temple.

27th, mane. She has lost the greater part of the pain in the head, and appears on the whole better. The bowels have been slightly purged in the night, but have not been painful. No enlargement in the uterine region.

One drachm and a half of aromatic confection to be added to the mixture.

Vespere. Dull pain in the head continues; bowels comfortable; pulse 72, soft.

A blister to be applied behind each ear.

28th. Watery discharge continues from the vagina, but in less quantity; very little milk in the breast, and that almost serous. The pain in the head is relieved, and the bowels are free from pain. She has been troubled in the night with a feeling of sickness, and constant efforts at vomiting, though nothing has actually been ejected from the stomach. Pulse 70, soft; tongue coated in the centre with red edges, rather dry. Ordered:—

Aromatic confection . . . 1½ drachm.
Diluted hydrocyanic acid . . . ½ drachm.
Peppermint water . . . 8 ounces.

An ounce of the mixture to be taken every three hours.

29th. This morning they sent for me early, informing me that she was much worse. I found her suffering from a very severe diarrhœa, accompanied with occasional sharp pain in the belly. There was no enlargement of the uterus, nor was the pain much increased on pressure. The pulse remained soft and slow, but somewhat more feeble than on the preceding day. The tongue was coated with a brownish dry fur; skin moist and cool; urine passed into the bed with the fæces; countenance anxious and pale; respiration rather laborious and sighing; slight mucous rales heard almost all over the chest. She was ordered an enema, consisting of half a pint of thin starch, with an ounce of syrup of poppies, and half an ounce of tincture of catechu.

Meridie. The purging and attempts at vomiting have ceased, but the pain in the abdomen continues, and it appears somewhat swollen and tympanitic. The pulse remains quiet, and she complains of but little headach. She was ordered another enema, consisting of the chalk mixture, with a little tincture of opium, and the belly to be rubbed with the following liniment:—Olive oil, soap liniment, tincture of opium, oil of turpentine, of each half an ounce.

Vespere. The purging has not returned, but the pain in the abdomen was increased after the second injection. Pulse 74, feeble. Tongue dry; skin cool; breasts flaccid, but containing a small quantity of milk.

30th, mane. Pain in the abdomen excruciating, not permitting the slightest touch without great aggravation. Purging quite ceased, but the belly is more swollen and tympanitic. Pulse 92, feeble; tongue and teeth covered with sordes. She complains of great thirst, and although possessing her faculties unimpaired, is exceedingly alarmed and anxious.

Chloride of mercury, powdered opium, of each 12 grains, aromatic confection 9 scruples. To be divided into 12 pills, one to be taken every hour.

Sesqui-carbonate of ammonia . . . 2 scruples.
Aromatic confection . . . 1 drachm.
Camphor mixture . . . 8 ounces.

An ounce of this mixture every three hours.

To have wine and beef tea. An opiate plaster to the abdomen.

Vespere. Pain almost gone, but the opium appears

to have affected the head, for she has been drowsy most of the day, and complains of feeling stupid. The prostration is evidently increasing, the pulse being more thready and fluttering. To take one pill every three hours.

May 1st, mane. Much the same as on the preceding evening; the pain in the belly is quite gone, but the other symptoms are more grave. The respiration is exceedingly laborious, and the bronchial tubes seem filled with mucus, the sonorous and sibilous rales being loud in all parts of the chest. Intellect still perfectly clear; pulse almost imperceptible; lower extremities cold. She died at half-past three this afternoon, being the 15th day from her delivery.

Section Cadaveris. Belly much swollen and discoloured.

Chest. Lungs much gorged with blood, and the lower part of the right lung soft and frangible, apparently resulting from pneumonia.

Abdomen. The peritoneal cavity contained a considerable quantity of turbid fluid, with flakes of purulent lymph floating in it. The peritoneum was very vascular in some places, but not so much as might have been expected from the amount of pain present during life. The uterus was enlarged, and its lining coat apparently disorganized. It contained a quantity of dark foetid fluid. The os and part of the cervix uteri were in a sloughy condition. The right ovary was completely destroyed, and the fimbriated extremity of the fallopian tube on this side was highly vascular. On the left side of the fundus there were two small abscesses beneath the peritoneal covering, and penetrating a small depth into the substance of the uterus. The other abdominal viscera were healthy.

Dr. Waddy stated, that for the particulars of the above case, he was indebted to Mr. Clarkson, the resident surgeon of the Birmingham Lying-in Hospital.

ULCERATION OF THE LARYNX.

Mr. Bunn then exhibited a specimen of ulceration of the larynx, in which the ulceration extended over most of its internal surface, and embedded in pale, loose, soft, granulations, there were substances resembling exfoliated portions of bone. It was taken from a patient who had suddenly died from asphyxia.

Mr. Bunn gave the following particulars of the case:—

In the summer of 1842, a young man, aged 23, entered the service of a gentleman, a few miles from town; he had at the time sores on his head, which I was requested by his master to examine. Suspecting their syphilitic origin, I questioned him about it. He said they had been occasioned by a fall from a tree, in which his head came in contact with some of the branches. His general health was deranged; iodide of potassium, quinine, and occasional doses of blue pill were given, and such local remedies from time to time applied as seemed indicated. In about three weeks the sores were healed, his health improved, and the remedies were discontinued. A few weeks afterwards he requested me to look at his penis, when I found the left half of the glans penis black; it fell off the next day. The other half was destroyed by ulceration; the stump was some time in healing. From this time

abscesses occasionally formed about the penis, eruptions would show themselves, and not being able to satisfy myself whether he had been fairly mercurialized, (although he had several times told me he had taken a great deal,) I determined to put him on a course of mercurial inunction. All the symptoms speedily disappeared, and at the expiration of six weeks, with the exception of the man looking pale, he appeared quite well, and resumed his duties. He soon gained flesh, looked ruddy, and expressed himself as being in better health than for a long time past. In about six or eight weeks symptoms again presented themselves; there was a foul ulcer situated at the root of the penis, extending up the front of the abdomen. He now placed himself under the care of another practitioner, and I heard no more of him till the autumn of 1843, when one cold evening I was requested to visit him. I found him lying in bed, with cough, great difficulty in breathing, a low hoarse voice, pain in the region of the larynx, hot skin, copious perspiration, and rapid pulse. A blister was applied to the root of the neck, and a solution of tartarised antimony administered every two hours. On the fourth day I found him engaged in his usual occupations. He declined further treatment, saying he was well. There is still a sore at the root of the penis. About a month from this time I was again requested to see him, and found him with the same symptoms as last described, only not so severe, but they were more persistent. He again soon partially recovered, and declined further treatment; his voice, however, continued hoarse, and the cough troublesome. Just before Christmas he left his situation, and went home into Berkshire. He returned in the beginning of January, and informed me he was quite well. He was still hoarse, which induced me to question him more particularly about it. He said he had been under medical treatment, which had done him a great deal of good. His breath had the mercurial fœtor. I very much doubted his statement respecting the voice. He looked ill, and in a few days afterwards I was informed there was a sore at the root of the penis. At this time he placed himself under the care of a quack, who promised him a cure in six weeks. The day prior to his death the attendant desired he would dress his horses, it being good exercise for him, and that he would soon be well. About five o'clock one evening in February, being at the house, I was requested to see him; he had left his room, and walked across the stable yard to the kitchen, where I found him supported by two servants on a chair. His difficulty of breathing was extreme. I distinctly heard him say he was dying. In about half an hour he became comatose, and died in about two hours more.

Section Cadaveris. The body very much emaciated; there was a sore at the root of the penis, though much contracted in size; the viscera healthy. The larynx was ulcerated over most of its internal surface, and had imbedded in pale loose soft granulation, exfoliated portions resembling carious bone. That part of the pharynx attached to the cartilages was very much congested.

SOUTH WESTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Annual Meeting held at Plymouth, June 18, 1844.

Dr. COOKWORTHY, in the Chair.

PRESENT:

H. J. Andrews, Esq., Plymouth; J. M. Barry, M.D., Totnes; W. H. Besly, Esq., Exeter; F. H. Carter, Esq., Plymouth; Thomas Crossing, Esq., Devonport; P. C. Delagarde, Esq., Exeter; Samuel Derry, Esq., Plymouth; J. Elliot, Esq., Kingsbridge; J. J. Feild, M.D., Torquay; J. H. Fuge, Esq., Plymouth; William Gillard, Esq., Totnes; Robert Kerswill, Esq., St. Germans; Samuel Kerswill, Esq., Devonport; J. H. Lawrence, Esq., Liskeard; Edward Moore, M.D., Plymouth; J. L. Marsden, M.D., Exeter; R. L. Pennell, M.D., Exeter; Thomas Rutter, Esq., Devonport; Thomas Shapter, M.D., Exeter; J. Sheppard, Esq., Stonehouse; William Soltan, M.D., Plymouth; W. J. Square, Esq., Plymouth; P. W. Swain, Esq., Devonport; Jos. Wells, Esq., Plymouth; James Yonge, M.D., Plymouth, &c., &c.

The minutes of the previous annual meeting having been read, Dr. Pennell presented the report of the district council, as follows:—

The Council have again the pleasure of congratulating the Members of the South Western District Branch on the increased support this Association obtains from the profession, thus most satisfactorily proving that the numerous and important objects contemplated in its formation are duly appreciated and recognized.

In looking over the names of those, who, since the last annual meeting have joined this local branch of the Association, your Council are highly gratified to observe that there is not only a continued and steady increase in the number of Devonshire members, but there has also been a considerable accession from the neighbouring county of Cornwall, where previously the Association had not the satisfaction of enrolling a single name.

Your council have much to regret that the Benevolent Fund does not obtain that measure of support, to which its objects so justly entitle it; they fully trust, however, the strong claim it has to the favourable consideration of the profession will not be overlooked.

The Council beg to recommend that the next annual meeting of this Branch should be held at Bideford, as that town contains the largest number of members in the North of Devon.

At the last annual meeting it was suggested that it would be highly desirable to hold quarterly meetings for the purpose of promoting professional discussion, and of enabling members to exhibit such pathological specimens as may have occurred to them in their practice. The Council having given this matter their fullest consideration beg to report, that though they consider such meetings as likely to prove highly beneficial, they are yet apprehensive, if but one place were selected for such meetings, a very limited number of the members only could attend; they therefore suggest that the best method of attaining the objects required would be to form districts of such extent as may be considered convenient, in each of which meetings might be held, to be regulated exclusively by the

members residing within such districts, but open to all the members of the branch.

In conclusion, your Council have to deplore the loss which the Association and the profession generally, have sustained in the death of their venerable and highly respected President, Mr. Hey, of Leeds, and of their Vice-President, Dr. Barlow of Bath; both these gentlemen were amongst the earliest and most distinguished members of the Association; they ever took a lively interest in its prosperity, and were warm advocates of those measures they deemed likely to conduce to the honour and respectability of the profession.

Mr. Samuel Derry proposed, seconded by Mr. Kerswill, "That the report of the District Council just read, be received and adopted."

Mr. Delagarde proposed, seconded by Mr. Sheppard, "That the Council consist of fifteen members; that one third of this number retire annually in rotation; but that those so retiring be eligible for re-election."

The Secretary having read several letters received from members residing at Barnstable and Bideford, connected with the place of meeting for the year 1845:—

Mr. Fuge proposed, seconded by Mr. Swain, "That Bideford be the place of meeting for 1845."

Dr. Yonge proposed, seconded by Mr. Square, "That Mr. Baller, of Bideford, be the President-elect."

Dr. Barry proposed, seconded by Mr. Elliot, "That the following gentlemen constitute the Council for the ensuing year."

Samuel Barnes, Esq., Exeter.
William Collyns, Esq., Kenton.
P. C. Delagarde, Esq., Exeter.
J. J. Feild, M.D., Torquay.
J. H. Fuge, Esq., Plymouth.
William Gillard, Esq., Totnes.
J. H. James, Esq., Exeter.
J. Joce, Esq., Swimbridge.
A. W. Jones, Esq., Bideford.
R. L. Pennell, M.D., Exeter.
E. P. Pridham, Esq., Exeter.
T. Pridham, Esq., Bideford.
T. M. Smith, Esq., Bideford.
T. B. Torr, Esq., Barnstable.
P. W. Swain, Esq., Devonport.

Dr. Soltan proposed, and Mr. Besly seconded, "That Dr. Shapter be elected Secretary."

Mr. Square detailed the case of a female, in whom the vagina had become imperforate, consequent upon injury received during child-birth. The obstruction was about an inch from the orifice of the vagina, and consisted of a firm cicatrization, puckered up like the end of a purse, with a depression in its centre. Cure was effected by freely dividing the cicatrix, and afterwards keeping the wound dilated with tents and plugs. (This case will appear at length in a future number of the Journal.)

Mr. Square likewise exhibited a modification of the trochar, invented for the purpose of more easily and safely performing the operation of tracheotomy.

Dr. Marsden exhibited an apparatus, the invention of a M. Tunod, for exhausting the air over a large surface. It was made of copper, in the shape of a boot, and is applied as one, having an indian rubber top to tie round the thigh, and render it air tight. The air is then exhausted with a syringe. By the

application of this apparatus, the leg may be distended to double its ordinary size, the pulse is at first quickened, but is gradually reduced both in frequency and strength, and even syncope may supervene; very little pain attends the operation. After the removal of the apparatus, the blood gradually returns to its course, and in a couple of hours the swelling of the leg subsides. Experience has proved that sixty operations on the same leg, with one or two days interval, may be attended with no injurious effects to the nervous system. Dr. Marsden, after describing an establishment under the superintendence of Dr. Bonnard, of Paris, entirely devoted to the application of this instrument, and having dwelt upon the success attending its employment by Dr. Cerise, another Parisian physician, detailed the histories of several cases in which he had himself witnessed beneficial results,—as in amaurosis, deafness, sore-throat, chlorosis, amenorrhœa, croup, phthisis, &c.

Dr. Marsden hoped to be enabled to pursue the inquiry into the curative powers of this vast system of dry cupping, and promised at the next meeting to lay the results before the Association.

Mr. Swain read the history of a case of malignant disease of the shoulder joint, of which the following is an abstract:—

Mrs. —, aged 19 years, married about six months. Twelve weeks ago experienced a slight pain in the left shoulder joint, while lifting a somewhat heavy box; for three weeks there was not the slightest swelling; but the pain continued severe. The general health was not affected. Three weeks after the first indication of pain, the shoulder joint began to swell. None of the remedies, which consisted of leeches, blisters, mercurial ointment, and belladonna plasters, &c., procured any ease. Six weeks from the commencement of the disease the tumour was punctured, when a considerable quantity of serum and blood flowed from the wound, and continued to ooze from it for some days. Through the opening the bone could be felt denuded of periosteum, and roughened by disease. The swelling continued to increase, and in the short period of twelve weeks from the commencement, had attained the size of full thirty inches in circumference, and twelve in breadth. The patient was now sinking from the continued and unabated pain she had endured from the first manifestation of disease; the tumour had ulcerated slightly on its upper surface, and an inodorous discharge, not very profuse, flowed from the ulcerated surfaces. Mr. Swain presented a drawing of the tumour to the meeting, and remarked on the interest which was attached to the question as to the nature of such malignant growths. The difficulty was in deciding whether such morbid appearances sprang from a deleterious germ, generated in the blood, and fixing upon any individual part of the body as its place of growth; or, whether the disease commenced in some cell or molecule of the solid constituents of the body, which communicated its morbid energy to the surrounding tissue.

A communication was made on the successful treatment of several cases of superficial nævus (claret stains) in the practice of Mr. Tucker, of Exeter, by the application of the nitrate of silver pencil. In some of these cases a few applications only of the nitrate of

silver had proved sufficient to eradicate the unseemly appearance of this affection.

Mr. Fuge read a letter transmitted to the secretary, from Dr. Wm. Conolly, of Cheltenham, in which he stated that the subscriptions to the Benevolent Fund had exceeded during the past year those of any other year; that the claims for relief had been numerous and urgent; that many had been relieved, wherefore the available funds were at a low ebb. Detailed statements of the finances, &c., would appear in the forthcoming report.

During the day, Mr. Fuge threw open his museum for the inspection of the members, and kindly explained many of the pathological preparations.

Amongst the most interesting were:—

1. A gun-shot wound of the heart, the patient having survived thirteen days after the receipt of the injury. In this very remarkable case, the musket-ball passed through the intercostal muscles, entered the right ventricle at the root of the pulmonary artery, passed through the membranous portion of the tricuspid valve, and fell into the right auricle, where it was found after death. The subject of this wound was a soldier in the 2nd, or Queen's Royals, and was brought wounded from Corunna, in 1808. Mr. Fuge has related this case at length in the 14th volume of the Edinburgh Medical and Surgical Journal.

2. An immense calculus, 15 ounces in weight, taken from the bladder of a respectable tradesman, at St. Germans, in Cornwall. The operation of lithotomy was performed by Mr. Robert Kerswill, assisted by Mr. Fuge; the patient recovered, and is now (1844) in perfect health. This is the largest calculus, but one, recorded to have been extracted from the living subject.

3. Model of a Chinese lady's foot, in wax, made by Mr. Fuge, from a natural specimen, brought to England by a naval surgeon resident in the neighbourhood of Plymouth, and now in the possession of the Natural History Society. In this model the great toe is seen to form the extreme point, the other toes are bent under and upon the distorted sole of the foot, and it is evident that the tarsal bones are dislocated. The other foot of this same lady is now in course of preparation, to show the nature of the injuries done, in order to procure this well-known deformity.

4. An interesting specimen of an uterus and its appendages, showing an extra-uterine foetus, of three-months growth, pendulous from the extremity of the right Fallopian tube, and enveloped in its membranes. A triangular portion of the womb is raised for the purpose of exhibiting its smooth internal surface. The os uteri is plugged with the usual albuminous secretion; nature, after impregnation, having performed that part of her accustomed work.

5. The trachea of a child, seven years of age, partially laid open, showing the adventitious membranous deposit in croup.

6. Numerous specimens of aneurism of the aorta, thoracic and abdominal, popliteal artery, &c. &c.

7. Hydrocephalic foetal heads in a dried state; the parents' lives saved by embryotomy.

8. Casts of cancerous tumours of the female mamma in an ulcerated state, painted to represent the changes in appearance during different stages of the disease.

9. Fungus hæmatodes of the internal coat of the

bladder; tumour the size of a large orange. Death occasioned by repeated hæmorrhages.

10. Scrofulous testis of enormous size.

11. Heart, enormously hypertrophied, pericardium adherent; rheumatic metastasis.

12. Fine specimen of hydatid from the kidney of a sheep.

13. Scrofulous disease of the eye removed by operation; apparently successful for a few months; disease at length sprang up in the orbit involving the frontal bone in caries, and destroyed the individual by extending its ravages to the brain.

14. Cast of the arm of a woman, which was amputated for fungus hæmatodes, originating in the carpal extremity of the radius; operation performed several years since. The patient is now in perfect health, and the disease has not shown itself elsewhere.

15. An immense fatty tumour removed from the thorax of a female after death. The lung of the right side entirely obliterated by it. A case somewhat similar to this was reported by Dr. Hastings, at the meeting of the Association in Exeter.

Mr. Fuge's museum also contained numerous interesting monstrous deviations from nature; crania of individuals, whose skulls had been fractured; specimens of diseased kidney; tubera of the liver; a large collection of diseased bones, including several valuable specimens of the cylindrical bones in a necrosed state, caries of crania from syphilis, caries of ilium from hip disease; syphilitic disease of the femora, tibiae, humerus, &c., from a prostitute, not suspected during life; numerous specimens of diseased valves of the heart; a large collection of abortions from the earliest formation, corroded preparations of the heart, lungs, liver, kidneys, &c.; quicksilver injections of the hand, of the lymphatics, of the peritoneal coat of the liver, &c.; plaster casts of various diseases, such as aneurismal tumours, bronchocele, prolapsus uteri; enormous enlargement of the penis and scrotum, the result of fistula in perinæ; hydrocephalic heads of enormous magnitude; collections of calculi from the urinary bladder, mostly the result of Mr. Fuge's operation; cartilaginous formations removed from the elbow and knee joint by Mr. Fuge with success; numerous crania, including the African, South Sea Islander, original Peruvian, &c. &c.

Also a large collection of specimens of comparative anatomy,—as injected preparations of the stomach and intestines of a turtle, weighing 650 lbs; dried preparations of the bladder of a horse, the three vesiculæ seminales injected; heart of a young whale, very similar in form to that of the human heart, &c. &c.

At five o'clock the members dined together at Elliott's Royal Hotel, Dr. Cookworthy in the chair, supported by Dr. Yonge, Dr. Pennell, Mr. Delagarde, Dr. Shapter, Mr. Gillard, &c.; Mr. Fuge sat as Vice-President.

YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Annual Meeting held at Leeds, June 27, 1844.

The Annual Meeting of the Yorkshire Branch of the Association was held on June 27th, at the Philosophical Institution, Leeds, and was attended by the following Members:—

Mr. Bearparke, Leeds; Dr. Belcombe, York; Mr.

Braithwaite, Leeds; Dr. Chadwick, Leeds; Mr. Dodsworth, York; Mr. Evans, Leeds; Mr. Fothergill, Bedale; Mr. Garlick, Mr. Giles, Leeds; Mr. Hemingway, Dewsbury; Mr. Hey, Leeds; Mr. R. Hey, York; Mr. S. Hey, Leeds; Mr. Hill, Knottingley; Dr. Hopper, Leeds; Mr. Hornby, Pocklington; Mr. Ikin, Leeds; Mr. Johnstone, Bramley; Mr. W. Matterson, York; Dr. Marchant, Hemsworth; Mr. Muscroft, Pontefract; Mr. Ness, Helmsley; Mr. Price, Mr. H. Price, Mr. Radcliff, Leeds; Mr. Rayner, Birstall; Dr. Simpson, York; Mr. Smart, Hutton Bushel; Mr. Smith, Dr. G. P. Smith, Mr. Stanniland, Mr. Teale, Mr. J. Teale, Leeds; Dr. Whytehead, Easingwold.

Dr. Simpson, the retiring President, took the chair, and in a short address introduced the President, Mr. Smith, who took the chair and addressed the Meeting.

After thanking the members for the honour conferred upon him, the President passed under review the benefits which this and similar institutions secure to the profession. While science was nurtured, and the dignity of the profession maintained, men, who in their earlier days had contracted friendships with those whom for many years after they never saw, were now again enabled to renew their former friendships, and to talk over days long past, though never forgotten. Such intercourse could not but introduce a feeling of harmony into the profession, to be attended with the happiest results to all.

The President then called upon the Secretary to read the Report of the Council.

The Secretary then read the following Report:—

In presenting to the Members of the Yorkshire Branch of the Provincial Medical and Surgical Association the usual Annual Report, your Council have, on the whole, much reason to congratulate you on the steady progress by which the Branch is extending its sphere of utility, and though they cannot but express a hope that ere long every member of the Association, resident in Yorkshire, will feel it incumbent upon him to aid those who are already seeking to bring into closer union the medical practitioners of this great county, yet they feel assured that important results must ensue from the combined efforts of so large a number of them, whose talents, acquirements, and moral worth, have gained for them the confidence and esteem of those among whom they are engaged in the practice of their profession.

Prejudice yields but slowly, apathy is not easily roused, and hence many a one, who might greatly assist us in carrying out the objects for which this branch was established, from prejudice or apathy, is not numbered among its members. Your Council would urge upon such to consider that every station has its duties, and that they would do well to reflect whether it is not their bounden duty to endeavour, by their own exertions, to raise the character of the profession, and to hand down its exercise to their successors, ennobled and dignified by their own disregard of self, and by their anxious zeal to add to its respectability, extend its usefulness, and assist in the cultivation of that science which is so interwoven with the comfort and well-being of their fellow-creatures; and your Council would confidently appeal to their unbiassed judgments whether such an institution as this does not offer a most eligible field for the exercise of their zeal and talent; for it cannot be denied that

the many combined will often effect what would be utterly out of the reach of the solitary efforts of each.

The number of members amounts to 110.

The committee appointed at the last annual meeting to revise the rules of the Branch will present their Report, and your Council have every reason to hope that the alterations suggested by them will not only remove some of the objections which have been urged against the Branch, but will also give general satisfaction to those who are enrolled among its members.

Medical Reform still remains, and seems likely to remain, a vexata quæstio.

Your Council cannot but express their regret that the Government should have thought it their duty to grant a new Charter to the College of Surgeons previous to the announcement of their contemplated scheme of Medical Reform. With regard to the Charter recently granted, they feel that though it is an improvement upon the old one, they cannot but entertain some apprehension lest it should render the remodelling of the profession more difficult even than it was before.

The attention of your Council has been drawn to the statement lately published by the Apothecaries' Company of the manner in which they have exercised the powers intrusted to them by the Apothecaries' Act, and from the statement so made, they feel bound to express their opinion that this Medical Corporation has not received that attention which it deserves at the hands of her Majesty's Government, for every one who has read the evidence given before the committee appointed to inquire into the state of the medical profession, and reflects upon its altered condition since 1815, and the lead which the Apothecaries' Company has taken in raising from time to time the standard of medical education, must confess that the profession owes to that body a debt of gratitude, and that it is entitled to some consideration in the carrying out of any scheme of medical reform.

The principles recognized by the Parent Association as those on which any measure for the reform or re-constitution of the medical profession should be based, seem to your Council, as they have stated on former occasions, to be those most likely to remove the present anomalous condition of the profession, and to give permanency to any measure of medical reform. They would refer those who may not hitherto have directed their attention to this subject, to the previous reports of the Council of the Association, and of the Council of this Branch, and to the exposition of a scheme of medical reform contained in the Provincial Medical and Surgical Journal for the 19th of the present month, and published under the signatures of the President of the Council, and the Secretary of the Parent Association.

Your Council have every reason to hope that the claims of the medical practitioner to a fair and adequate remuneration under the Poor-Law Amendment Act, are now likely to receive the consideration of the Legislature. A Committee of the House of Commons, of which the philanthropic Lord Ashley is Chairman, is now engaged in investigating the subject, and your Council cannot but expect the most satisfactory results from its appointment.

A mournful duty now devolves upon your Council.

Since we last met, two of their body have been numbered with the dead.

The name of Hey at once arrests the attention, and no medical member of that family can pass away from among us without a feeling of regret. As the president of the Parent Association, a member of your Council, and, but for his own wish, your president, the late Mr. Hey is entitled to some notice at their hands, and they bear on this occasion a mournful testimony to his high professional character, his moral worth, and above all, to that deep sense of religion which proved his best guide amidst the quicksands of pure existence, and his best consolation in the hour of death. Did all of us resemble our departed friend, the reproach of indifference to the highest duties of our existence, which is too often cast against the members of our profession, would be heard no longer.

The other colleague in the Council, whose loss we have to lament, is the late Mr. Brown, who practised his profession for a long series of years in York, and who, at a period of life when in most intelligence is blunted, and the physical powers sink under the decay which ushers in the close of existence, enjoyed a vigour, both of mind and body, which enabled him not only to pursue the active duties of his profession, but even to evince a zeal in the promotion of this and similar institutions, by which the interests of the medical profession might be advanced, that few of his younger brethren have equalled, none surpassed.

The late Mr. Weddell, of Thirsk, took an active interest in this branch, and your secretary can bear his testimony to his anxious endeavours in behalf of the Benevolent Fund.

Your Council cannot refrain from paying a passing tribute of respect to one, who, though not a member of this Branch, was an active member of the General Association, and had the honour of being one of its earlier Presidents. As long as great attainments, combined with a well-disciplined and highly gifted mind, shall be valued among men, so long will the name of Barlow never be mentioned but with reverence and respect.

Your Council have now only to resign their trust into your hands, with a confident expectation that each succeeding meeting will witness an increase in the number of those who are anxious to promote a friendly intercourse among the members of a liberal profession, assert its just rights, and aid in the advancement of medical knowledge.

Mr. Price moved, and Dr. Marchant seconded, the adoption of the report, which was unanimously agreed to.

The Committee appointed at the last annual meeting to revise the rules, made their report, upon which—

Mr. Garlick moved, and Mr. Ness seconded, the adoption of the alterations suggested therein.

Dr. Hopper proposed, and Dr. Belcombe seconded the nomination of Normanton, as the place of meeting for the next year.

Mr. Teale proposed as President elect, Dr. Whythead, of Easingwold.

Dr. Simpson seconded the nomination, which was carried by acclamation.

Dr. Belcombe proposed, and Mr. Ness seconded,

"That Mr. Husband be re-elected Secretary and Treasurer."

Proposed by Mr. Hemingway, and seconded by Mr. Tkin—

"That the members of the Council for the past year, together with the President for the past year, Dr. Favell, Dr. Branson, Mr. H. Thomas, and Mr. H. Jackson, Sheffield, be the Branch Council for the ensuing year."

The following papers were then read:—

Mr. Teale, on Tumours simulating Aneurism.

Dr. G. P. Smith, on a Case of Insanity cured by an attempt at suicide by hanging.

Mr. Husband on a Case of large Biliary Calculus, which caused an attack of ileus.

Dr. Hopper related a case in which general paralysis followed the exhibition of a large dose of turpentine.

Mr. R. Hey proposed, and Mr. Hornby seconded, a vote of thanks to those who had favoured the meeting with papers.

Dr. Chadwick proposed, and Mr. Dodsworth seconded, a vote of thanks to the President for his conduct in the chair, which was carried by acclamation.

After the meeting, the members, 30 in number, proceeded to dine at Scarborough's Hotel, where the greatest harmony and good feeling enlivened a very excellent dinner.

RETROSPECT.

OVARIOTOMY.

Dr. Fleetwood Churchill has ably discussed the merits of this operation, in the Dublin Journal of Medical Science for this month; in a paper of which the following is a summary:—

"There are some diseases," he observes, "so generally fatal in their result, and so little under the control of ordinary treatment, that a practitioner may be fully justified in having recourse to extraordinary expedients, even though attended with serious risk, provided only that the risk from the operation be considerably less than the mortality from the disease under ordinary remedies." This remark may be applied to the operation for the extirpation of diseased ovary, for, on the one hand, we find the disease almost unmanageable by the methods hitherto adopted, and ending fatally sooner or later; and on the other, an operation of the severest kind, and averaging a high rate of mortality, is proposed as a remedy. After a review of the pathology, history, and termination of the disease, it is observed, that "the general opinion is uniform as to the result, and the little benefit to be obtained from medicine, except in early cases, so much so, that when the tumour has attained a certain size, the only relief anticipated is from surgical treatment."

With respect to paracentesis, he says, "No doubt that by this operation the life of the patient is frequently prolonged, and present relief from the over-distention is afforded, but by degrees the sac refills, and all the former inconveniences recur, with no hope of relief, except by a repetition of the operation."—"But the necessity for the operation is neither the only nor the worst inconvenience attendant upon

abdominal paracentesis. The sudden evacuation of so large a quantity of fluid may cause alarming or even fatal exhaustion; or if she recover from this, the tumour itself, or the peritoneum, may be attacked by inflammation with its consequences. Moreover, if the tumour be multilocular, and the cells do not communicate, or if their contents be not fluid, the operation will fail altogether. The same result will obtain if the tumour be fibrous or scirrhus; in the latter case the fatal result will rather be accelerated."

Mr. Southam has furnished us in his essay with a table which, so far as it goes, may enable us to form an estimate of this operation. He has taken ten cases from Dr. Bright, five from Dr. Barlow, and added five of his own. Of these "fourteen died within nine months after the first operation, four of whom survived it only a few days. Of the remaining six, two died in eighteen months, and four lived for periods varying from four to nearly nine years. It further appears that paracentesis does not prolong life, on an average, for more than eighteen months and nineteen days, and that one in five dies from the effects of the first operation."*

After pointing out the unsatisfactory results obtained from the other surgical means, an analysis is given of what cases of extirpation the author and Mr. Southam have been able to collect. They are 66 in number, and include several not yet published; forming, we believe, the most complete statistical account of the operation on record.

They are divided into three tables:—

The first contains 49 cases, comprising all those in which the ovary was extirpated; of these sixteen died, or one in three.

The second consists of those cases of ovarian disease in which the operation could not be completed; of these there are nine, four of which were fatal.

The third gives the cases in which the operation was needlessly performed, owing to an error in diagnosis; of these there are eight, four of which died.

The relative advantages of the major and minor incision are next discussed, but it is difficult to give their comparative mortality, because the definition of each is scarcely settled. Nor, indeed, would the comparison be fair, for in some cases the latter would be perfectly useless, so that if an attempt were to be made, it must be by the long incision, with all its risks.

After alluding to the age and other conditions of the patients operated on, some judicious remarks follow on the diagnosis of ovarian disease, which our limits prevent us quoting.

Dr. Churchill thus concludes:—"Even after the details I have given, it is very difficult to come to a definite and perfectly satisfactory conclusion, because, first, we have not sufficiently accurate data to estimate the progress of the disease unaided by surgery. Secondly, the table quoted from Mr. Southam is clearly too limited to afford a fair average of the results of tapping, and it is not easy to obtain sufficient facts to enlarge it. Thirdly, the cases in which ovariectomy has been performed, are of such a mixed character that it is impossible to select, with fairness, those cases in which the operation was demanded for the relief of urgent suffering, and suitable to the nature of the disease, without the appearance of partiality. And, fourthly, from the obscurity of the diagnosis, it is too

* Mr. Southam's Remarks, &c.—Medical Gazette.

much, perhaps, to expect that our practice in future will be free from those drawbacks on the operation.

But bearing in mind these difficulties, and making allowance for those drawbacks, I think we may conclude that there are cases in which the operation would be justifiable, and on these grounds:—We find the general opinion is against the curability of the disease by medical means;—that after a time the patient will die from local disease or accident, or constitutional disturbance, and that meantime she suffers more or less inconvenience;—that tapping in almost all cases affords but temporary relief;—and that, as far as the limited statistics we have adduced are admissible as evidence, it is attended with great danger—*i.e.*, one in five died of the first operation, and of twenty patients, fourteen (more than two-thirds) died within nine months of the first tapping; whilst of the entire number of those who underwent the operation of ovariectomy, about one half have absolutely recovered so far. We may add, that of those who died, some were in an unfavourable condition for any great operation, and many had no other hope of relief.

"2. If we reject those cases in which the operation could not be completed, those in which it was unnecessary, and those where the patient laboured under organic disease, or debilitated and broken constitution, the mortality is twelve in forty-two, or one in three and a half. Even making allowance for the difficulty of diagnosis, it does appear to us, that in future, sufficient judgment may be exercised to reduce the proportion to something near this.

"3. If the operation were confined to cases of unilocular cysts without adhesions, or even to cases requiring the major operation, where no adhesions exist, the results, according to our statistics, would be more favourable. At present it would seem desirable, if possible, to limit the operation to those cases.

"4. Let it be observed, that so far we have canvassed the merits of the operation *on the recorded results*, not on the propriety or impropriety of it in any or all of the cases related; but it would be impossible to shut our eyes to the fact, that it has been sometimes performed without a due regard to the condition of the patient, to the necessity of an operation at all, or to the one in question being exactly adapted for the purpose. To justify the operation in an individual case, the patient should be so far inconvenienced by the disease so as to require surgical relief of some kind; and yet, on the other hand, she ought not to be in a condition which would prohibit other great surgical operations. In such cases the alternative is tapping or extirpation, and our judgment should be formed upon a careful estimate of the results of each.

"Again it is clear that no operation of this magnitude should be attempted when there is coincident organic disease of a serious character in other organs; nor have we sufficient evidence to justify an extension of the operation to other diseases than those of the ovaries.

"5. As to the mode of operating, it appears to me, that it is better to commence with the small incision, and, if necessary, afterwards enlarge it. The great advantage of this plan appears to be, that after making the incision, (in some sort an exploratory one,) if the sac, after being emptied, can be drawn out, we escape with the slighter risk; if there be

obstacles owing to solid matter, it can be enlarged without difficulty; and if these obstacles be such as to deter us from completing the operation, we can recede with much less danger to the patient; and this I think of vast importance, considering the present uncertainty of our diagnosis."

SULPHATE OF QUININE IN EPILEPSY.

A young woman, 18 years of age, very well up to that period, was attacked in the night by two assassins. Though assistance was rendered her in time, she nevertheless experienced a severe fright, and immediately fell into violent convulsions, which resisted for two months the successive and methodical employment of bloodletting, preparations of zinc and bismuth, and drastic revulsive medicines.

When M. Taroni saw the patient, she had three epileptic fits every day, returning at stated hours, and lasting about half an hour each. They consisted of violent spasmodic movements of the limbs and the jaw, with loss of consciousness and foaming at the mouth. On the 10th of October, M. Taroni commenced the sulphate of quinine in doses of twenty grains daily. On the fourth day the fits were reduced to two in number, but they presented the same violence and the same train of symptoms. The dose was then increased two grains in 24 hours. After the fourth dose there was only one fit a day. The patient's spirits and strength began to revive. Till the 29th of October the dose was raised to thirty-six grains. The fits were very slight, and only appeared every other day.

The general health not being impaired by the ingestion of such large quantities of bark, it was determined to continue it. The fit then recurred but once in six days, and was then extremely slight.

The malady however was still to be got rid of entirely, and with this object forty grains of the salt were given in the 24 hours for six days. This interval of time having elapsed without any return of the fits, the remedy was daily diminished four grains, till the 29th of December, when having reduced it to six grains, it was continued in this proportion till January 13th. At this period the cure was complete; and after the lapse of twenty months she was still in perfect health.—*Gazetta Medica di Milano*.

DEATH FROM LARGE DOSES OF QUININE.

M. Recamier ordered to a man, 26 years of age, who was admitted into the Hotel Dieu, labouring under acute rheumatism, 48 grains of the sulphate of quinine, in 12 powders, one to be taken every hour. The following day 72 grains were ordered, 6 grains to be taken every hour; after the eighth dose the patient was suddenly seized with violent agitation, followed by furious delirium, and died in a few hours. On examination evidences of severe inflammation of the cerebral membranes were discovered.

An analogous case, in which dangerous symptoms supervened after the administration of four scruples of the same medicine in twelve hours, occurred about the same time in the wards of M. Husson.—*Gazette des Hôpitaux*.

TETANUS CONSEQUENT ON THE CURE OF PISTOLA LACHRYMALIS.

CASE.—A woman, 50 years of age, of lymphatic temperament, subject to rheumatism, was anxious to

get rid of an epiphora, or involuntary flow of tears, which had troubled her for some considerable period. A surgeon consequently made an incision into the affected parts, and inserted Scarpa's pin. During the operation, the patient complained of pain, which extended itself from the artificial canal to the eye, the cheek, the forehead, and the angle of the jaw. Eight days passed, when, after a restless night, the patient perceived that she could not open her mouth. In the evening, M. Petri, who was called in, discovered a contraction of the temporal and masseter muscles, and general convulsive movements. He proposed to remove the lachrymal pin, but the ordinary medical attendant thinking it was only rheumatic, would not consent. The patient was bled, and twenty leeches were applied to the neck. The following day the contraction had reached the neck and trunk; the arms next became affected, and, lastly, general convulsions supervened. The pin was removed, and opium exhibited; but, notwithstanding a deceptive remission, the patient sank on the fourth day.

On examination the lachrymal passages presented no extraordinary lesion. Permission was not obtained to examine any other part of the body.

A similar case was communicated to M. Petri, by Dr. Betti, who witnessed its occurrence in the practice of Vacca. The tetanic symptoms immediately followed the introduction of the pin, but this celebrated surgeon suspecting the cause, removed the pin, and the trismus in a short time gave way.—*Gazetta Toscana delle Scienze Medicofisiche.*

LUGOL ON SCROFULA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Dr. Cowan, finding that I had preceded him in a notice of a translation of Lugol on the Causes of Scrofula, has most courteously resigned his intention of proceeding with his translation, I should therefore be obliged if you would announce this to the profession, coupled with my intention of proceeding as rapidly as possible with the work.

I am, Sir,

Yours most respectfully,

W. H. RANKING, M.D.

Bury St. Edmunds.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The members of the Association will perceive by referring to our last number, p. 210, that the Anniversary Meeting is fixed to be held at Northampton on the 6th and 7th of August.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen have been admitted Fellows of the College:—Dr. David Plenderleath, of Ramsgate; Dr. John Forbes, of London; Dr. John Conolly, of Hanwell; Dr. George Owen Rees, of London; Dr. W. Augustus Gny, of King's College, London; Dr. H. M. Hughes, of London; Dr. F. H. Ramsbotham, of London; Dr. George Cursham, of London.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, June 28, 1844:—J. Mc. Mahon; B. E. Brodhurst; P. D. Moffat; J. K. Lewis; D. R. Shanahan; J. H. T. Bailey; J. Ryan; H. Priest; E. Pilkington, M. P. Foley.

Admitted Friday, July 5.—H. T. Middleton; J. H. Llewelyn; G. C. H. Hitchings; J. Mitchell; D. J. Allen; J. Ozanne; R. J. Loch; N. S. Glazebrook; J. E. Hibblethwaite; C. W. Hope; J. H. Smith; T. Blatherwick.

OBITUARY.

Gustavus A. Chaytor, M.D., Physician to the Royal Infirmary, Manchester.

We regret also to announce the death of M. Geoffroy Saint Hilaire, at the age of 72. M. Saint Hilaire was a member of the Academy of Sciences, and Professor at the Museum of Natural History, Paris, and one of the most eminent naturalists of the age.

BOOKS RECEIVED.

A Practical Treatise on Diseases of the Eye. By William Jeafferson, late Surgeon of the Bombay Eye Infirmary, in the Hon. East India Company's Service, &c., &c. London: Renshaw, 1844, 8vo., pp. 307.

The Retrospect of Practical Medicine and Surgery. By W. Braithwaite, Surgeon to the Leeds General Eye and Ear Infirmary; and Lecturer on Midwifery in the Leeds School of Medicine. Vol. IX., January.—June. 1844. London: Simpkin, Marshall, and Co., 12mo., pp. 339.

On the use of the Sympathetic Nerve and its Ganglions, with their Influence on various Diseases of the Abdominal and Pelvic Viscera. By T. B. Procter, M.D., Member of the Royal College of Surgeons, &c. &c. London: Highley, 1844, 4to. pp. 48, plates.

The Plagiarisms of Julius Jeffreys, F.R.S., in his Treatise on the Statics of the Human Chest. By G. Calvert Holland, M.D., Physician Extraordinary to the Sheffield General Infirmary, &c. &c. London: Churchill, 1844, 8vo. pp. 36.

TO CORRESPONDENTS.

Communications have been received from Mr. E. Daniel, Dr. Branson, Dr. Morgan, Mr. King, Mr. Square, Mr. Watkins, and Mr. Addison. Mr. Mather's request has been attended to.

We fear that the proposition of *Medicus*, could it be carried out, would only add still more to the difficulties with which the general practitioner has to contend.

The Account of the Annual Meeting of the Bath and Bristol Branch of the Association will appear in the next number, together with some other communications, which we have been unable to find room for this week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

TWO CASES OF PERICARDITIS.

By FERGUSON BRANSON, M.D., Physician to the
Sheffield General Infirmary.

Joseph Morland, aged 14, a table-knife cutter, was admitted an in-patient of the Sheffield Infirmary, December 15, 1843. He had been ill six weeks, and during that time had complained of pain in the left side of the chest, shooting to the left shoulder, with palpitation; he had also pain in the limbs, but no swelling around the joints. The only treatment was a blister applied to the chest, by his mother. A week before his admission into the Infirmary his legs began to swell, and he became generally anasarcaous. The day before his admission he was seen by a medical practitioner, who applied leeches to the heart, and recommended his friends to take him at once to the Infirmary. On his admission he was generally anasarcaous, the face pale, and very much puffed, and the eyes almost hidden by the tumid integuments; he was restless, and complained of oppressive dyspnoea; the impulse of the heart was bounding, quick, and slightly irregular; the pulse at the wrist was full and jerking; over the whole of the heart, but especially over the base and middle portion, a friction sound, the "to and fro" sound of Dr. Watson, was distinctly heard; in character softer than usual, so much so as to lead to a doubt whether the sound might not to some extent depend on valvular disease; this supposition, however, was refuted by the superficiality of the sound, and the full and bounding character of the pulse. Without tediously detailing the daily history of the case, my object being rather to connect the prominent physical signs with the after-death appearances, it is enough to state that by the repeated application of leeches and blisters, and the continued use of mercury, he was so much relieved as to be made an out-patient on the 22d of February. The anasarca had entirely disappeared, the friction sound over the base and middle of the heart had ceased, and there remained only a very slight double murmur, heard most clearly a little higher than the apex of the heart. The impulse of the heart, though considerably reduced in force, remained stronger than natural; the apex might be felt beating two inches below, and a little to the outside of the left nipple, and the dulness on percussion exceeded the normal limits. There was evident hypertrophy.

On March the 12th, he was readmitted; there was a return of the anasarca, though to a less extent than before, and the friction sound was now very distinct over the apex, and not heard at all over the base and middle of the heart. After somewhat similar treatment he was again relieved, and made an out patient on

April 30th. The friction sound over the apex had not entirely ceased, though it was much softened in character.

On June the 4th, he came to the Infirmary to be prescribed for as an out-patient; his countenance was anxious, there was again considerable anasarca, and a very distinct, though soft, friction sound over the apex. A bellows murmur with the second sound was now heard on the right side of the heart, over the lower third of the sternum, and supposed to depend upon some obstruction to the passage of the blood through the tricuspid valve. As he could not at that time be admitted into the Infirmary, he was seen several times at his own house, a wretched and comfortless abode. No relief was this time obtained from medicine; he complained much of pain shooting from the heart to the left shoulder. On the 11th of June the friction sound could scarcely be distinguished, though the tricuspid murmur was distinct, and he died rather suddenly on the afternoon of the 13th.

At the post-mortem examination on the following morning, the pericardium was found to be universally adherent, with the exception of a small patch on the posterior surface of the heart; the adhesions, however, differed in character; they were much less firm, and apparently more recent over the apex than over the middle and base of the heart. The heart itself was nearly double its natural size, and the walls of the left ventricle much thickened. There was slight thickening of the aortic valves; no disease whatever of the mitral valve; very slight thickening and opacity of the tricuspid valve, and behind the tricuspid valve, and interlaced with the columnæ carneæ was a semi-organized polypous concretion, of a "pale flesh tint" (Hope) and adhering to the lining membrane of the heart by delicate filamentous bands of lymph, and clearly formed before death. The valves of the pulmonary artery were healthy; there was no disease of the lungs; the liver was large, with some hypertrophy of the white substance; the kidneys were much enlarged and presented a beautiful specimen of granular degeneration. Unfortunately the attention had been directed too exclusively to the heart, and no search for albuminous urine had been instituted during life. The post-mortem examination of the heart bore out exactly the symptoms observed during life. The firm adhesions over the base and middle of the heart corresponded with the first attack of pericarditis, the less firm adhesions over the apex corresponded with the last attack of pericarditis, and the semi-organised polypous concretion presented an obstruction to the passage of the blood from the right auricle to the right ventricle, suffi-

ciently great to cause the murmur with the second sound over the tricuspid valve.

William Riddle, aged 45, a comb-maker, and an inveterate spirit-drinker, called on me February 28, 1843. His complexion was sallow and anæmic, and he complained much of palpitation, dyspnoea, and cough. He said his health had been tolerable till five years ago, when he first remarked the palpitation, and observed that it was easily excited by ascending a hill or going upstairs. Twenty years before this he suffered from an attack of acute rheumatism. On listening to the heart, a remarkably loud musical murmur was found to accompany the first sound and was heard very extensively over the chest. He could only lie on his back, and his pulse had a peculiar thrilling character. I saw the man only once at this time, and made a very brief note of his case.

On March 30, 1844, he brought an out-patient's recommendation to the infirmary. His countenance then was bloodless and anxious; there was the same remarkably loud deep-toned and extensively heard musical murmur, loud enough to be distinguished by the unaided ear at a distance of several inches from the chest, and superadded to this older symptom was a friction sound, heard only over the apex of the heart, and at this point only was there tenderness on pressure between the ribs. He was with some difficulty persuaded to become an in-patient. On examining him in bed, the intensity of the musical sound was found to be greatest over the upper third of the sternum, and over the cartilages of the adjacent ribs on the right side. The musical sound could not be heard in the femoral arteries, nor in the abdominal aorta, but it was easily detected in the lower part of the carotids. There was no jugular pulsation. The dulness on percussion over the heart extended beyond the normal limits, and the apex of the heart was felt beating an inch below, and to the outside of the left nipple.

There was general throbbing of the arteries. The recent attack of *partial* pericarditis, indicated by the limited extent of the friction sound, was combated with leeches, blisters, and calomel; he soon, however, became tired of medicine, and was made an out-patient at his own request on the 11th of April. The friction sound had nearly disappeared when he left the infirmary, and ten days afterwards it had ceased entirely.

I lost sight of him till the 4th of June, when his wife called at the infirmary to tell me he was much worse. I found him altered in appearance, and much thinner; he was greatly harassed by the cough, and expectorated with difficulty a quantity of frothy mucus. He was unable to lie down, and passed the night in a chair; mucous râles were heard extensively over both lungs, and the musical sound was as loud as ever.

On the 13th he was gradually becoming more exhausted, passed restless and sleepless nights, and his legs were œdematous. There was no trace whatever of the friction sound.

On the 15th a loud and remarkably rough friction sound was heard over the whole of the præcordial region, very superficial, and through which the musical murmur could be heard distinctly. The pulse 100 and

jerking; tenderness on pressure in the intercostal spaces over the heart; cough very distressing and followed by urgent paroxysms of dyspnoea, which was much increased by the supine position. The urine was scanty and high-coloured, and did not coagulate on the application of heat; there was dulness on percussion over the lower part of the right lung, the respiration being indistinctly heard in that situation and over the whole of the left lung, and over the remaining portions of the right lung there was large mucous crepitation. Leeches were applied and three grains of calomel were given every two hours.

On the 17th, the friction sound was rather less distinct, and the heart's action irregular and fluttering.

On the 18th, the friction sound was less loud and distinct than on the 17th; the breathing, however, had become even more hurried and laboured; he was no longer able to expectorate, the pulse was rapid, the countenance expressed extreme suffering, and he died in the afternoon after a prolonged paroxysm of dyspnoea. On opening the chest on the following day a considerable quantity of serum was found in the right pleura, and the surface of the pleura pulmonalis on the right side was to some extent coated with recently effused lymph. The pericardium contained at least a pint of serum. The surfaces of the pericardium were throughout non-adherent, and on both surfaces were found extensive patches of firm, rough, granulated lymph; and which, when rubbed with the finger, gave out a friction sound precisely similar to that heard during life. The heart itself was double the natural size, from dilatation with hypertrophy. The endocardium was throughout considerably injected. The tricuspid valve was perfect, as were also the semilunar valves of the pulmonary artery; and the only lesion, if lesion it could be called, met with on the right side of the heart, was a somewhat friable state of the chordæ tendineæ. The pulmonary artery was also softer than natural, and easily broken through by the finger. The mitral valve was healthy—perhaps a little thickened. In the aorta immediately above the valves was a considerable atheromatous and bony deposit, the probable cause of the musical murmur; and a similar deposit was found on the aortic valves, but to a much less extent. The bony deposit was confined to an inch and a half of the aorta immediately above the valves, whilst the atheromatous deposit extended along the aorta as far as the finger could be passed into the vessel, but it was felt to diminish in quantity as the distance from the heart increased.

The liver had the nutmeg character, and the kidneys were healthy.

Sheffield, July 3, 1844.

CASE OF IMPERFORATE VAGINA.

By W. J. SQUARE, Esq.,

Surgeon to the Hospital, Plymouth.

Irregular forms of disease occasionally present themselves to the surgeon requiring operation, for the performance of which no exact rules are laid down in the systems of operative surgery.

In these instances the surgeon is obliged to shape out for himself that course of operative proceeding which appears best calculated to fulfil the end required.

The case which I am about to relate is of this nature,

and is so uncommon as to render it improbable that many instances of like disease can ever fall under the care of one individual. Hence, I conclude that a record of the case is important, as it may form one of a series of similar cases scattered over the pages of medical literature, from the investigation of which the surgeon may deduce useful hints for his guidance.

Mrs. Tremear, aged 34 years, admitted into the South Devon and East Cornwall Hospital, on the 1st of March, 1843. She is well-formed and of healthy aspect. Three months since she was delivered by the forceps of her first child, after a very protracted and painful labour. Although she suffered from a considerable purulent discharge from the vagina, no suspicion of injury to that canal was entertained until she slept with her husband about six weeks after her accouchement. On examination of the vagina it is found to be quite closed by firm cicatrization, at about an inch from its orifice. The surface of the cicatrization is puckered up like the end of a purse, and about the centre of it is a dimple or depression. The finger in the rectum does not recognize any extensive tract of induration in the vagina.

From this examination, in which I was assisted by my colleagues, Messrs. Derry and Whipple, I concluded that the vagina was not cicatrized from the orifice to the os uteri, but that there must be a cavity, consisting of the upper portion of the vagina beyond the cicatrix. Strongly impressed with this idea, I pushed a blunt probe against the dimpled part of the cicatrix, and penetrated it, the septum appearing to be about half or three quarters of an inch in thickness.

March 3rd. A wax bougie (urethral) No. 6, passed through the opening made by the probe. No menstrual fluid above the obstruction.

5th. No. 8 urethral bougie passed.

7th. No. 10 ditto passed.

8th. Menstruation established.

10th to 30th. For the last three weeks I have endeavoured to dilate the cicatrix by bougies and sponge tents; but the attempt has been so painful and inefficient, that I have given up further attempts at dilatation, and determined to wait for the departure of the next catamenial discharge, and then perform an operation for her relief.

April 20th. A few days since she had pain in her back for some hours, but menstruation has not taken place. Having introduced a female catheter through the opening previously made, no discharge either followed its removal, or was entangled in the eyes of the instrument.

April 22nd. With the advice and concurrence of my colleagues I performed the following operation:—

The patient tied as for lithotomy.

The fore finger of the left hand was introduced within the rectum so as to depress it towards the sacrum. A straight bistourie cachée, set at an inch, was passed through the opening in the cicatrized vagina, and the blade being directed as in the lateral operation of lithotomy, sprung and withdrawn. An immense gush of dark grumous liquid followed this proceeding. The finger now discovered the upper part of the vagina to be dilated into a large oval sac, with a healthy os uteri at its upper part. The cicatrix was now divided on the right side in the same direction, by a probe-pointed knife. A large cylinder of oiled lint was

introduced within the vagina, and the patient removed to her bed.

Vespere. The plug forced out by ineffectual efforts at micturition. Bladder distended; considerable fever; urine drawn off. Ordered:—

Calomel, four grains; opium, one grain and a half; at bed-time. Poulrice to the belly. Saline mixture, with tincture of henbane.

Plug of lint not re-introduced.

23rd. More comfortable—urine again drawn off—plug re-introduced.

24th. A wooden plug introduced within the vagina and retained by a bandage.

May 20th. From time to time there has been some febrile excitement, with hysteric combination. The wooden plug excites a good deal of purulent discharge. Ordered:—

Compound-alum enema three times daily.

Di-sulphate of quinine . . . 1 scruple.

Diluted sulphuric acid . . . 2 drachms.

Water 12 ounces.

Two table spoonfuls to be taken three times a day.

Meat diet, with beer.

June 4th. Discharge much less. Wound red and vascular, not granulated. A gum elastic rectum bougie substituted for the wooden plug, and retained four hours every morning. Walks out of doors.

July 20th. The same treatment has been steadily pursued. The vagina does not contract. There is scarcely any discharge. Health and spirits good. No catamenial discharge appeared.

August 20th. Treatment continued to this date. Has had sexual intercourse without much pain; catamenia absent. Discontinue the injection and quinine; continue the use of the bougie.

September 21st. Has had frequent sexual intercourse, and there is now little or no pain. No discharge; no menstruation.

November 1st. The vagina has no tendency to contract. Catamenia absent. Continue the bougie.

Feb. 10, 1844. I heard from a friend of hers that she is quite well, but could obtain no particulars as to menstruation, &c.

ON PUS-GLOBULES; IN REPLY TO AN ARTICLE IN THE BRITISH AND FOREIGN MEDICAL REVIEW.

By W. ADDISON, Esq., Malvern.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The author of the articles in the British and Foreign Medical Review, (April and July,) referring to my Experimental Researches, is, I am aware, considered, and very justly so, as an authority upon matters relating to microscopical investigation, and, therefore, while the subject of nutrition may be still fresh in the recollection of your readers, I am anxious to notice a very important point upon which we are at issue, leaving your readers and the members of our Association to judge between us, after having heard my statement in reply.

I am the more anxious to do this now, because the reviewer says that "my mode of reasoning, if followed

out in other directions, would lead to the utter subversion of all philosophy." A very sweeping assertion, entirely unsupported by any example adduced, and I am left to conjecture whether or not it refers to the point I am now going to notice.

The reviewer says "that there is something too specific in the character, if not in the appearance of pus-globules, for him to adopt the conclusion that they are altered colourless blood corpuscles." I ask what this specific character is, and the reviewer refers me to a series of objects which have specific vital properties, and experience specific vital transformations, leaving his readers to infer that the specific character which he means as distinctive between pus-globules and the colourless blood-cells is a specific vital character.

Now this is exceedingly improper and very unfair, because any one reading my researches must have known that the whole of my reasoning is based upon the fact that the colourless blood-corpuscles are alive, and in the page but one preceding that from which the reviewer has taken his extract, (p. xvii), I very clearly state my belief that pus-globules are dead; that is, the former have specific vital properties, and undergo specific vital changes, while the latter (from having lost these properties) do not experience these changes. But I also believe, (and have so stated,*) that these dead cells are mingled with a great many others, which have been hurried through the stages of nutrition, and thrown out of the sphere of their specific transformations, and therefore that the fluid called pus contains a mingled variety of dead and dying cells.

Again, the reviewer says that pus-globules have a specific character. I ask what it is; and am referred to the living cells of a zoophyte, an oyster and an insect; to epithelium and cancer cells. Now all these microscopic cells have without doubt a specific character (a principle of life) which cannot be seen by the microscope, and therefore perfectly distinct from an appearance. But, (and this is the point to which I ask the reader's attention,) pus-globules are usually allowed to have degenerated from *this* character. (So stated indeed by the reviewer himself, p. 105, of the article. July.)

I will now put the argument in a form more in accordance perhaps with the philosophical taste of the reviewer,—syllogistically,—and I shall frame it so as to embrace those extraneous matters concerning living cells which have really nothing whatever to do with the original question, but which he has chosen to complicate it with.

Major Proposition:—All bodies that are invisible to the unassisted eye, and which never do become visible by growth or vital transformation, cannot present a sensible character except through the medium of the microscope.

Minor Proposition:—A pus-globule is a body invisible to the unassisted eye; it never does become visible by growth or vital transformation.

Conclusion:—Therefore "it is impossible to separate as regards these minute objects a character from an appearance."

If the reviewer still contends that a pus-globule has a sensible character distinguishing it from all the

* Vide Provincial Medical Journal, of March 9, 1841.

forms, (and they are various,) assumed by living colourless blood-cells, (that is the point at issue,) then why not tell us what it is, shortly and succinctly, rather than enter into an argument upon other things which have no relation to the question; an argument on points I never for a moment doubted.

Future investigation and experiment, and a careful observance of the phenomena of vicarious secretions and metastasis, (important subjects having an intimate relation to my theory of nutrition, but entirely excluded from the review of my researches,) will ere long determine the remaining points of difference between me and those who differ from me.

Whether the colourless blood-cells are or are not individually and bodily incorporated with the tissues: whether the secreting cells are or are not ulterior transformations of the colourless blood-cells; and whether pus-cells or pus-globules are or are not dead and dying colourless blood-cells, arrested in the process of transformation, are all questions of fact, and the web of the living frog, and the tongue of the same useful creature are the parts in which these questions may in some degree be determined.

I remain, Sir,

Yours very obediently,

W. ADDISON.

Great Malvern, July 9, 1844.

CASE OF PHTHISIS.

By B. DANIEL, Esq., Kirby Moorside.

Hannah Collier, aged 26, a maid servant, residing in Farndale, a perfectly healthy agricultural district, as evinced by the general robust appearance of its inhabitants, came under the care of Mr. Richard Chapman, on the 30th of November, 1843.

She is of small stature, spare form, and of anæmic appearance. Her father, who had been a soldier, and was of intemperate habits, died of phthisis at the age of fifty. At the present time, the patient complains of a slight cough, which she has had for some months, accompanied latterly with the expectoration of a rather tenacious mucus. For the last two years she has occasionally hawked up mucus streaked with blood. There is frequent pain just above the spine of the right scapula, and a little dyspnoea. Her menstruation is scanty, and at long intervals. Her appetite is, on the whole, good. There is a very mild form of hectic, and the pulse is small and stands at 120.

The physical signs are very apparent. On inspecting the comparative mobility of both sides of the thorax, that of the right is observed to be materially impeded; there is a very evident falling-in of the right infra-clavicular region, and throughout the whole of this space, and along the clavicle; percussion gives an exceedingly dull sound; on the contrary, on the left side, the corresponding part appears abnormally prominent, the sound on percussion is unusually clear, and the respiration puerile. On applying the stethoscope to the right supra-scapular, supra-clavicular, and infra-clavicular regions, the respiratory murmur cannot be distinguished. There is a *loud bellows sound*, and a *strong pulsation* synchronous with the heart's action in the right infra-clavicular region, which is *not present* in the left; and we cannot positively say whether the

vesicular murmur is really absent, or whether it is obscured by the loudness of the bellows sound. The voice is unusually resonant over the affected side. Over the right inter-scapular space, the sound of both inspiration and expiration may be distinctly heard; the latter being as clear and as continuous as the former, in this respect differing from the opposite corresponding space where it is hardly distinguishable.

April 30, 1844. Five months have elapsed since the last report, and the patient has been gradually merging into the second and third stages. She is not so weak as the progress of the disease in the lung would lead us to expect, being yet able to sit up nearly the whole of the day. Neither the heat of the skin nor the night sweats are excessive. The pulse ranges from 120 to 130. Her tongue is redder than natural, there is no epigastric tenderness; she, however, frequently vomits, which she attributes to the violence of the cough, and the nauseous character of the expectoration. She is much distressed with tenesmus and hæmorrhoids, and has occasionally had a severe attack of diarrhoea, which so far has always been relieved by a dose of chalk and morphia. Her cough is materially aggravated, and attended with a copious muco-purulent expectoration. An affection of the larynx has just supervened, which prevents her speaking in anything more than a loud whisper.

On applying the stethoscope to the right infra-clavicular region, we find that the pulsation and bellows sound have *entirely disappeared*, and are replaced by the humid, crackling, or clicking sounds. Bronchophony is very loud over the same space. The respiratory murmur is very obscure in the right mammary region, and a pulsation is communicated to it from the heart.

June 16th. This morning, which is now near seven months since our attendance upon this case commenced, the patient arose, as usual, about 11 o'clock, without any alarming symptom. She had had a bad night, her cough had harassed her very much. Two or three times in the night she had noticed small dark clots of blood in the expectoration. She ate her dinner as usual, but about 4 p.m., being seated on a stool by the fire, she suddenly sprang to her feet in great alarm, and blood flowed from her mouth and nostrils, probably to the extent of eight or ten ounces; she would have fallen, but was immediately carried to bed, where she expired in a quarter of an hour.

In the preceding case there are two points deserving of notice:—the first, the distinctness of the expiratory sound in the inter-scapular space; the second, the sound of the subclavian artery heard in the right infra-clavicular region *during* the period of consolidation, and its *disappearance* in the stage of softening.

The expiratory murmur was noticed by Laennec, but its variation in intensity, duration, and special character, was more particularly investigated by Dr. Jackson, of Boston, who states this abnormal alteration of sound to be one of the earliest symptoms of tubercles. His views are supported by Louis, Cowan, Fournet, &c. Professor Walshe considers that its utility as a diagnostic mark of tubercle has been exaggerated, for the following reasons:—1st, that in a state of health, it is louder and more prolonged in some individuals than in others; 2nd, that consolidation or obstruction

to the egress of the air, from *any* cause, will occasion these particular changes in its character.

The fact of the existence of an evident bellows-sound and pulsation under the right clavicle, synchronous with the impulse of the heart, and its *non-existence* on the left, together with the immobility of the affected side, the depression under the clavicle, and the concomitant dulness, leave no doubt of its being the vascular *bruit* of the subclavian artery, caused and transmitted by the apex of the lung consolidated by tubercle.

This symptom was first noticed and explained by Dr. Stokes, who also describes the same local pulsation to arise from sympathetic irritation, without any disease of the lung.

When this symptom is dependant upon a consolidated state of the lung, it must in all cases, as in the present instance, *depart*, when the density of the lung is diminished by the process of softening. In this case, an exceedingly fluid state of the blood may have been a predisposing cause of the production of the murmur, as the patient had been long suffering from the amenorrhœa, but the cause of its presence, only under the right clavicle, must have been the local impediment to the circulation.

Kirby Moorside, July 1, 1844.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, JULY 17, 1844.

In another column will be found a letter from a Member of the Provincial Medical and Surgical Association proposing the formation of a Branch Association, to include Gloucester, Cheltenham, and Worcester. The proposition is one which well deserves the consideration of the members residing in those towns, and the neighbouring and intervening country, as well for the sake of the friendly intercourse to which the establishment of such a branch would lead, as from the mutual benefit to be derived from the interchange of communications and ideas. Man is a gregarious and social animal. He is not destined to depend upon self alone, but thrives best both in his physical and intellectual relations when brought into close contact with his fellows. We will not say that he is essentially an imitative being, but he needs the stimulus of example and the assistance of others, engaged in like pursuits, to induce and enable him to employ his powers with steadiness and effect.

To apply these remarks to our present purpose, we may point to the formation and progress of the Provincial Association, and observe how, from a small beginning ten or twelve years back, it has grown to its present prosperous condition; how a small number of individuals banded together for the attainment of a few plain, intelligible and useful objects, have not only effected

much towards the accomplishment of the purposes which they originally had in view, but have gradually associated others in the same pursuit, until a large portion of the members of the same profession, resident within the sphere of their operations, are united in the endeavour to cultivate some of the noblest ends to which the attention of man can be directed.

But if combination and union are strength and power, the more close and intimate these are the greater will be the effect. The Provincial Association includes the whole country within its sphere of operation. Its members are widely scattered. Many of them are almost isolated in their respective localities, and, it may be, far removed from that intercourse with their professional brethren which is so beneficial and even necessary to their professional well-being. It is but seldom that such individuals can have the opportunity of attending the general meetings of the Association, and to make them efficient members of the general body, and partakers to the full of the advantages which it holds out, other arrangements become necessary. The formation of Branch Associations is one of the most important of these arrangements, by which the objects of the Association may be more effectively promoted and attained. By this means the centres of operation are multiplied, the facilities of intercourse materially increased, and, the end being the same, the efforts of the whole body brought more readily to bear in unison than could otherwise be done.

Several of these Branch Associations have already been established, others might with advantage be added, and whether they embrace within their limits one or two large towns, and their immediate neighbourhood only, or include several counties, which in consequence of the modern facilities of travelling, will admit of being united together for the purposes of ready intercourse, the end is equally attained. Cheltenham, Gloucester, and Worcester, are so situated, and the three towns might in turn become the places of meeting for the Branch. Other similar districts might be formed in addition to those now in existence, and it may be observed, as an inducement to enter into arrangements of this description, that while the time of the general meetings is necessarily much occupied with those objects of the Association in which the whole body is concerned, that of the Branch meetings has hitherto been most profitably employed in the reading of interesting communications and papers, from which the members have derived much gratification and instruction.

It would afford us sincere satisfaction to see this object of the Association—the communication of knowledge in various branches of medical science—more attended to than it has hitherto been; for, notwithstanding the contribution of several most

valuable papers, cases, and other communications both to the Transactions of the Association, and to the pages of this Journal, the provincial hospitals, infirmaries, and other similar institutions, afford a rich mine of instruction, hitherto, as regards the benefit of the medical community, almost untouched, and the working of which would be attended with advantages which, were it carried out on anything like a general and well-devised plan, would be incalculable.

A method of registering the cases occurring in hospital practice, with a view especially to the collection of statistical information, was proposed some years ago by Dr. Cowan, and a sketch of it published in the Provincial Transactions. We are not aware that the proposition has been followed out but we feel convinced that the interest excited by occasional meetings similar to those of the Branch Associations, would be a powerful means of leading to the general adoption, and of assisting in the carrying out, of this and other useful objects which are from time to time brought forward, and subsequently lost sight of, mainly from the attention not being kept alive to the benefits likely to result from them.

Practical Observations on the Prevention, Causes, and Treatment of Curvatures of the Spine, &c. By SAMUEL HARE, Esq., Surgeon. Second Edition. London. 1844. 8vo., pp. 177. Plates.

The main features of the treatment recommended in this work of Mr. Hare consist in the application of steady, moderate, and graduated extension, in the recumbent position, carefully regulated under the constant superintendence of the medical adviser, and the adoption of such measures for the improvement of the general health of the patient as the peculiar circumstances of the case call for. For the purpose of applying and keeping up this extension, Mr. Hare employs an ingenious apparatus, a drawing of which is prefixed to the work.

The apparatus “consists of an inclined plane two feet in breadth, and six and a half in length, furnished with feet, or made to rest securely on a proper frame-work. At the upper end are three pulleys, of which the two outer are about four inches, and the middle one six inches in height above the plane, the former ones being about eight inches asunder. Two pulleys are also attached to the lower end of the plane, and about one third from its upper end, and six or eight inches from the sides, two openings are made, into which also pulleys are introduced. A very thin and firm mattress may be placed upon the apparatus, and on this the patient reclines. It is also furnished with weights for extension, and with springs, and compresses, according to the circumstances of the case; a support for the head, made of soft leather, stuffed with curled hair or

cotton wool, and intended to pass under the chin and occiput, is attached to a cord, which passes over the centre pulley, to which a weight is suspended; shoulder straps, composed of the same materials, and attached in a similar manner, pass under the axillæ of each arm and over the outer pulleys, having weights also adjusted to them: similar means of extension are also applied round the ankles, and occasionally in the male sex above the pelvis; these are passed over the pulleys at the lower end of the plane.”—

“The patient, being laid upon the plane and the apparatus adjusted, will be operated upon by a double extension, the head and shoulders will be extended upwards, whilst the trunk will be drawn gently in the opposite direction, the weights being so equipoised that the body is kept upon the plane, having no tendency to move either upwards or downwards, at the same time, almost imperceptibly drawing the distorted parts towards their natural position: hence, is completely obviated the objection of some practitioners, who think that an inclined plane is not desirable on account of the weight of the upper part of the body pressing on the lumbar vertebræ, because here, the pressure downwards is counteracted by the extension upwards.”

Regulated pressure and friction are made over projecting parts of the spine or ribs, and judicious directions given for the employment of such other means as the nature of the case renders necessary. The author is opposed to any kind of violence, and recommends extreme caution in the application of the weights, regulating them so as to prevent the patient experiencing any inconvenience from them.

In the chapter which is devoted to the consideration of the causes of the disease, much stress is laid upon the injurious effects produced by the pressure and confinement of stays, and other parts of the dress, and upon the neglect of proper exercise in the system of management pursued with young females. There is little novelty in these observations, but they add the testimony of another writer to the experience on this point before accumulated, and as the work is evidently intended, in part at least, for general circulation, may possibly have some effect in quarters where treatises addressed solely to medical practitioners rarely gain access.

First Lines for Chemists and Druggists preparing for Examination before the Board of the Pharmaceutical Society. By J. STEGGALL, M.D., Licentiate of the Royal College of Physicians, M.R.C.S., &c. London. 1844. 12mo., pp. 169.

This is one of those manuals, intended to assist students in acquiring such an amount of knowledge of subjects, on which they are about to undergo an examination, as may enable them to give correct answers to the questions likely to be proposed to them. The weighty objections to such a mode of preparing for

examination do not apply to the work itself, which contains a good deal of information on pharmaceutical preparations, and we have no doubt will be found well adapted for the attainment of its object, and useful to those for whose convenience it has been compiled.

The Retrospect of Practical Medicine and Surgery, being a Half-yearly Journal, containing a Retrospective view of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. BRAITHWAITE, Surgeon to the Leeds General Eye and Ear Infirmary, and Lecturer on Midwifery and the Diseases of Women and Children, in the Leeds School of Medicine. Vol. ix., January—June, 1844. London. 12 mo., pp. 339.

Mr. Braithwaite's Retrospect is too well known and estimated to require any notice or commendation from us. We shall content ourselves with stating therefore that, together with the usual amount of valuable practical information, collected from various sources, this volume possesses the additional advantage of a general index to the contents of its predecessors. We could wish to see the example followed by some other of our contemporaries. The practice was adopted many years back by the then editor of the *Edinburgh Medical and Surgical Journal*, who published an index to the first twenty volumes of that work. A similar opportunity will shortly be afforded to the editor of the *British and Foreign Medical Review*, on the completion of his second decade, which we trust he will not allow to pass over.

ACADEMY OF SCIENCES, PARIS.

May 6, 1844.

ALBUMINURIA.

Doctor Fourcault read a paper on the causes of albuminous urine, in which he proposed to explain the influence of impermeable coverings applied to the surface of the skin in the production of the disease known by the name of Albuminuria, or Bright's kidney, and to deduce therefrom the office and functions of the skin. The following are the author's conclusions:—

1. The skin is an excretory organ, and the products of transpiration are not formed in its tissue.
2. An animal preserves its proper temperature when its skin is taken off. Albuminous urine is not the result of this operation.
3. Complete suppression of the cutaneous transpiration gives rise to five series of phenomena—1st, a material alteration of the blood; 2nd, a considerable diminution of temperature; 3rd, extra secretions and effusions of various nature; 4th, local lesions; 5th, an alteration in the composition of, and ultimately albumen in the urine.
4. The same phenomena, and especially the last, are produced when after having taken off the skin of an animal, either partially or entirely, impermeable coverings are applied to its surface.

5. Cutaneous asphyxia is the result of complete suspension of transpiration, and death may in this way be caused both in man and in the superior animals. The effect of this suppression is, that the blood acquires at a *maximum* the cooling and stupifying properties of venous blood.

6. When this suppression is partial or incomplete, it produces the general phenomena observed in fevers and inflammations.

ORIGIN OF THE PLAGUE.

M. Serres stated the opinions of Professor Sturmer, of St. Petersburg, on the propagation of the plague during the war in Turkey, of 1828-9-30.

His principle propositions are as follows:—

The plague is endemic in the east (Asia Minor, Egypt, and Constantinople) where it appears sometimes sporadically, sometimes as an epidemic; the endemic cause is still unknown, but there are certain atmospheric and meteorological conditions, which give rise to the sporadic cases, and contribute to develop an epidemic.

The physicians engaged in the war of the east are divided into two parties. Those who reject absolute contagion, and are of opinion that the plague is derived from some internal causes, from the state of the atmosphere, miasmata, &c.; and those who admit a specific contagion existing from an indeterminate period, and propagating itself by means of individuals, goods, &c.

The plague of the Russian war, observes Dr. Sturmer, like typhus and cholera, had no similitude to the diseases which are propagated by an immediate or virulent contagion, such as variola, the itch, syphilis, and, in particular, it presented no characteristic eruption; inoculation did not give rise to any breaking-out of the same nature, as commonly happens in syphilitic cases; neither are we in possession of any palpable facts which demonstrate that contact, independent of every other circumstance, has ever communicated the disease. The plague which prevailed in certain countries, appeared simultaneously in many places, and attacked the same individual many times; but Dr. Sturmer is of opinion that mediate or miasmatic contagion gave rise to it in some cases.

CANCER.

M. Tanchou laid down the following propositions on the cause of cancer:—

The number of cancers annually increases. In England, M. Faur, (Mr. Farr we presume,) has stated it to be 2,448 in the year 1838, and 2,691 in 1839.

The same remark had been previously made at Berlin, in 1826.

From the registers of the department of the Seine, we find that in 1830, 668 persons fell victims to cancer, or 1.96 in 100 deaths, and in 1840, the number rose to 889, or 2.40 in 100 deaths.

Civilization appears to be the cause of this disease. Thus it is nearly unknown in Africa and America. In Egypt we find it occurring among the Turkish women, and not among the Fellahs. It is not uncommon also in domestic animals, and in those of our menageries, whilst no example is known of its development in animals in the wild state.

In Paris, in the town, the mortality from cancer has been 2.54 per cent. of the deaths; in the environs, only 1.63 per cent.

Of 9,118 deaths caused by cancer, 6,967 were in women, and 2,161 in men.

In England, of 5,139 deaths, 3,859 were among women, and 1,228 men.

This disease is most frequent between the ages of 40 and 70.

In women the breast, and in men the stomach, are most often affected.

There is no cure at present known for this disease.

Surgeons operate, but all are agreed that the operation is not a cure, and, as M. Leroy d'Etiolles lately proved to the academy, it does not even prolong life. From this consideration M. Tanchou thinks it is incumbent on physicians:—

1st. Carefully to study cancerous affections.

2nd. To treat patients medicinally, before submitting them to an operation.

3rd. Only to have recourse to operation in obstinate cases, and when the therapeutic measures have failed.

May 21st.

DISCUSSION ON OPHTHALMIA.

M. Velpeau alluded to a memoir of M. Morant, entitled "An Account of an Epidemic Ophthalmia which broke out in a Colony of Young Persons confined at Mettray." M. Morant had remarked, that in nearly all the young subjects seized with the epidemic the disease commenced with coryza; in a very great number he had found the Schneiderian membrane inflamed. Having had occasion since then to repeat this observation, he does not hesitate to pronounce that inflammation of the pituitary membrane is frequently the cause of ophthalmia, especially in young subjects. In consequence of this, he had been induced to try a new therapeutic agent. He attempted to apply to the treatment of ophthalmia, with pituitary inflammation, the means which are ordinarily employed when the latter only exists; he had recourse to the cauterisation of the nasal mucous membrane by the nitrate of silver, in the form of a pencil, or that of a very strong solution, or an ointment. He applied it twice a day at first, during the acute stage of the disease; afterwards only once. This method had been frequently successful, whilst every remedy which he had previously tried proved of no avail.

M. Velpeau, since the time when he first received this information from M. Morant, had carefully examined the pituitary membrane in all ophthalmic cases which had been presented to his observation; and he was compelled to acknowledge that only in a very few had he seen this membrane inflamed. He then made some remarks on the term scrofulous ophthalmia, which M. Morant had assigned to this epidemic, and took this opportunity of raising his voice against the classification of ophthalmic diseases according to their presumed causes. As to the proceeding proposed by M. Morant, consisting in the application of topical remedies to the nasal fossæ, he thought it one which ought to be continued.

M. Roux: I think that I heard, in the course of this report, an expression which does not appear to me quite orthodox. M. Velpeau has said, if I am not mistaken, we should establish a distinction between different kinds of ophthalmia according to their immediate seat, and not according to their causes. I am not of this opinion. There is much truth in what has

been said on the specific causes of ophthalmia; it is indisputable, for example, that in scrofulous ophthalmia there are, independently of other general characters of scrofula, which can at once decide its origin, particular local characters which it is not possible to mistake. Does M. Velpeau think that we ought thus to neglect the consideration of special ophthalmic causes, only to take into account the difference in their ophthalmic seat?

M. Rochoux: The opinion put forth by M. Roux is of such great importance that it ought to be sufficient merely to mention it, that it may be acknowledged by the profession at large. It is of the greatest importance to consider the specific nature of diseases. Does not syphilis, for instance, wherever may be its seat, always require the same treatment? We know that syphilitic ophthalmia specially affects the free margin of the eyelids; is not that in any way to modify the treatment?

M. Velpeau: I maintain that a scrofulous ophthalmia without any other designation, means nothing at all. I insist upon the necessity of giving to the different species of ophthalmia their anatomical qualifications. As to distinguishing them according to their causes, it is a different thing. The study of anatomy has completely reformed the science on this point. We have seen that what has hitherto been considered symptomatic of a special ophthalmia, frequently merely resulted from the difference in the tissues affected. M. Rochoux has cited syphilitic ophthalmia; but syphilis is a material thing, it is an inoculated virus. It is not the same in scrofula; there it is the effect of a special constitution. The same as regards rheumatism, which is now considered nothing but an inflammation of the fibro-synovial tissues.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

BATH AND BRISTOL DISTRICT BRANCH.

The third anniversary since the union of these Branches was held at the Literary Institution, Bath, on Thursday, the 27th of June. Mr. George, President, in the chair.

The Report of the Council was read by Dr. Morgan, Secretary for Bath; the concluding part of which it may not be out of place to submit to the consideration of our readers.

"Your Council would commend to your fostering care that most useful appendage—the Benevolent Fund. Our union, as a body, is not exclusively selfish; and while aiming at the future welfare of the whole family, our pleasing anticipations are often interrupted by pressing appeals for present pecuniary relief on behalf of some unfortunate but deserving brother. There are many reasons why such relief should not be left to individual charity; and many, also, why the peculiar circumstances of the object himself, should not be subjected to the needless publicity of a tribunal of the whole profession. To meet these two difficult and delicate points, the committee of the Benevolent Fund exists, to hear, determine, and relieve, according to the best of their judgment, and the extent of their means; and it is only that which is due to their efficiency to acknowledge, that all who have had occasion to apply to them on behalf of some indigent

but well-deserving brother, can bear their testimony to the kindness, the willingness, and the promptness, with which they administer their trust.

"Your Council regret that the claims of the Benevolent Fund are not better known and appreciated; but they are aware that from the rank, the education, and the feelings of the individuals for the relief of whom it exists, more publicity cannot be given to its worth—the very perfection of its administration requiring that it should court the shade. Not one, perhaps, without the walls of the Council-chamber in which the committee hear the particulars of the case, and the gladdened heart of the recipient himself, being conscious of the amount of benefit which your bounty has so silently conferred."

After the election of Mr. Estlin, of Bristol, as president elect, and the conclusion of the ordinary business, Dr. Morgan, in compliance with the wish of the members present at the last quarterly conversazione, introduced a female, aged 24, married, without children, in whom, two years since, the subcutaneous tissue of the hands and feet became dense, resisting, cold, contracted, and in appearance like wax; the fingers flexed, without the possibility of being extended; the integuments of the whole body being tense, cold, and discoloured; the muscles and tendons much contracted; the disease remaining nearly stationary after four months of active treatment in the Bath Hospital, under the late Dr. Barlow, where she had been seen by many other eminent physicians. The disease was cotemporary with distress of mind, and she is occasionally subject to hysteria.

Mr. Norman related the particulars of a case of tic-douloureux, recently treated by him at the United Hospital. The patient, a female, aged 59, leucophlegmatic, much emaciated, had suffered from it fourteen years, with few intermissions. Severe paroxysms, distorting the features, recurred every five or seven minutes, day and night, during the last four months, confining her to bed, and by which her health was much impaired. Belladonna was administered internally in doses of one sixth of a grain every six hours, during two days, apparently without any particular effect on the disease, but acting as a purgative, which croton oil, administered freely, as advised by Sir Charles Bell, had failed to do. It was then combined with quinine. (Extract of belladonna one quarter of a grain, disulphate of quinine half a grain, every four hours.) After the sixth dose she became delirious in the night; the pupil partially dilated, but the paroxysms were reduced to sixteen, and on the following day to three, since which she gradually omitted the medicine, was able to leave her bed, to take full diet, having previously subsisted on fluids; and, having wholly omitted her medicine for one week, and having had no return of her distressing malady during ten days, she was dismissed the hospital.

Mr. Mortimer stated that in a case of tic-douloureux well known to him, two grains of extract of belladonna had been given at once by mistake. The patient was alarmingly ill for a week, but never suffered from the disease again, though twenty years have since elapsed.

Mr. Smith, visitor, house-surgeon to the United Hospital, read the following case of diverticulum,

which had been presented at that hospital on the previous day:—

A. B., aged seventeen weeks, was presented at the Bath United Hospital on June 26th. From the umbilicus protruded a tumour, appearing like a portion of prolapsed intestine, much congested. It was about one inch long, coated with a florid mucous membrane traversed by a canal, through which a probe passed for its whole length downwards towards the right iliac fossa. Through this canal faecal matter passed upwards, as well as by the anus. Mr. Gore, under whose care the case was admitted, thought it to be one of those rare instances in which the duct of the umbilical vesicle, in its normal state visible only during the first three weeks of foetal life, has remained pervious, and being abnormally developed, has assumed all the characters of the intestine with which it was connected. The treatment proposed was to excise the protruding portion by ligature, firmly applied round the neck of the tumour. Should ulcerative inflammation, in place of the adhesion, supervene, then a question will arise whether any more serious measures should or should not be adopted, the case being one of annoyance rather than disease.

Mr. Rogers made some interesting observations on partial contractions of the uterus, chiefly affecting its middle, after the exhibition of ergot of rye, impeding the delivery of the placenta.

Mr. King and Mr. Godfrey, of Bath, expressed their opinion that time should not, ordinarily, be allowed for such irregular contraction to take place, but that the placenta should be early removed.

The next quarterly conversazione was fixed for the last Thursday in September, to be held at Bristol.

The dinner was well attended, and the general opinion expressed, both at the meeting and at the dinner, attributed much of the interest and zeal so obviously manifested by the members of this Branch, to the establishment of the quarterly re-unions.

NAPHTHA IN PHTHISIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A considerable time has now elapsed since the publication of Dr. Hastings' work on the treatment of consumption with naphtha. However much one might be inclined to dissent from the theory brought forward to explain the propriety of this treatment, and the reason of its success, there were no grounds for disbelieving the plain and confident statements made of the great benefits which had been derived from the administration of naphtha in pulmonary consumption; thus, from Dr. Hastings' account, we were induced to believe that he had been fortunate enough to discover a remedy, by the administration of which most cases of phthisis would be alleviated, and many even cured. With the prospect of Dr. Hastings' brilliant success before my eyes, I commenced the naphtha treatment of phthisis, of which, unhappily, there is no lack of examples in this neighbourhood. I have given the naphtha a fair trial, and carefully watched and noted its effects for some months, and I

must say that I have not seen a single case alleviated by it; or, indeed, the slightest benefit derived from it. In two cases, only very small doses could be taken at first, on account of the nausea and vomiting excited by the usual dose, but these patients derived no benefit from the apparently more powerful influence of the drug upon them. In several cases the expectoration was diminished considerably, but the great increase of the nocturnal perspirations consequent upon this diminution quite counterbalanced its advantages; in one case, moreover, diarrhoea commenced so immediately after the expectoration (which had been copious) was checked, as to lead one to suppose it was a compensating action. Whether the suppression of the expectoration was owing to the action of the naphtha, or to the increase of perspiration and the diarrhoea, is a matter also of considerable doubt.

Phthisis will be robbed of none of its distressing attributes by naphtha, nor will its fatality be in the least diminished by such a useless and nauseous medicine as this. Louis has declared himself at fault with regard to the cure of consumption; and Lugol, in his admirable work on scrofula, says that "pulmonary consumption is the natural death of scrofulous individuals." Such being the opinions of two such authorities, Dr. Hastings' *amour propre* ought not to be wounded at the ill success of his favourite naphtha; it is, however, a pity that he should have raised so much hope by his reported success, which to me is certainly quite inexplicable.

If you deem this opinion, drawn from experience, of the merits of naphtha in phthisis worthy of a place in the pages of your journal, you will oblige me by its insertion.

I am, Sir, yours obediently,

CALEB ROSE.

Swaffham, Norfolk, June 28, 1844.

[Our readers will not confound Dr. John Hastings, the author of the work in which the treatment of consumption by naphtha was brought forward, with Dr. Charles Hastings, the President of the Council of the Provincial Association.]

INTERMARRIAGE OF DOUBLE COUSINS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

One of your correspondents has proposed for discussion in your journal, the question, "Is the intermarriage of double cousins likely to lead to an offspring physically or morally inferior to the parents."

I should have been glad if some one of greater talent and experience than myself had debated this subject, but as this has not been the case, I now presume to offer a few remarks upon it.

This question opens at once the interesting physiological subject of what is vulgarly termed "in-and-in breeding," a subject which we have very few opportunities of investigating in the human species, but in which very extensive experiments have been made in the brute creation. The arguments I have to offer are principally from this source. I shall first, however, submit to your readers an extract from a review of Dr.

Steinan's work on Hereditary Diseases and Intermarriage, in the *Lancet*, for October 28th, 1843, "There are several districts in Europe, in which striking physical characteristics are so distinctly marked, that it is impossible not to infer that the race has been kept up by a long series of intermarriages, without any indication of disease or degeneration. This is said to be particularly the case at Newhaven, near Leith, the inhabitants of which place have from time immemorial been scrupulously select in their marriages, and are no less remarkable for their superiority in figure, and their great exemption from scrofula and consumption, forming a striking contrast with the neighbouring population. Other fishing towns and villages in Scotland, though of much smaller size, appear to resemble Leith in these particulars. In one of these places inquiry has been instituted by a gentleman residing in the neighbourhood, and he ascertained that one quarter of the marriages were between first cousins, but that no prejudice existed against these connections, and that no failure in the number or physical characters of the offspring had been noticed."

A very intelligent and experienced agriculturist in this neighbourhood has followed the "in-and-in system" in sheep-breeding for 55 years, and for 33 years has bred entirely from his own flock, sire and dam, without interchange of male or female from any other flock." *His sheep are nearer perfection this year than in any previous year*, and his recent show of tups for letting was attended not only by several very eminent breeders of our own county, but by gentlemen from Norfolk, who for many years past have regularly travelled 100 miles to his show, for the purpose of hiring tups from his flock. These circumstances will show the estimation in which his flock is held by his brother farmers. He states in his prospectus, "that his flock, which are bred from the nearest affinities, have not experienced any of those defects which are ascribed to the practice; that they have been kept entirely in a state of nature, fed upon vegetable food only, (the ordinary produce of his own farm), and are at all times in the year open for inspection." His flock was originally obtained from that of the late celebrated Mr. Bakewell, whom I may quote as an authority for "in-and-in-breeding." After visiting different parts of England and selecting the best and most valuable cattle and sheep, he followed the in-and-in-system, and I need not say how celebrated his breed of sheep, the "New Leicesters," have become.

Mr. Bakewell followed this plan, not only with his sheep, but with his cattle and pigs, and in both cases was extremely successful. Another farmer in this county, whose name is well known, and who has obtained many prizes from different agricultural societies, and from the Smithfield Club, follows the in-and-in-system in breeding cattle, and he has challenged to show six bulls bred on this principle, against any six (the property of one person) in England.

I quote the *Lancet* again, "There is a peculiar breed of cattle, which is supposed to have existed in Northumberland for upwards of a thousand years, which maintains its characteristics unchanged, and is remarkable for vigour and beauty. The whole herd is kept within restricted limits as to number and space; and when the well-known habits of these animals are con-

sidered, there can be no doubt that the *closest breeding has been in continual operation.*"

That eminent surgeon and anatomist, the late Mr. Cline, in his lectures on "The form of animals," (which I am fortunate enough to possess in manuscript,) enters fully into the subject of in-and-in-breeding and cross-breeding. He approved of the in-and-in system, "when a particular variety approaches perfection."

It will be observed that in all the cases I have mentioned, healthy and well-formed animals must have been used in the first instance. Had there been any defect or malformation in the parents, there is no doubt that in-and-in-breeding would not only have perpetuated but increased it; indeed it is one of the fundamental principles of cross-breeding, to compensate any defect or inferior development of any organ in one parent, by a superior development of that organ in the other parent. So in the human species, if there is any tendency to hereditary disease, scrofula, insanity, &c., the "intermarriage of double cousins," would, without doubt, increase the tendency to that disease in their offspring.

Hoping soon to see the subject discussed by abler pens than mine,

I have the honour to be, Sir,

Your very humble servant,

R. W. W.

Northamptonshire, July 5, 1844.

PROPOSED BRANCH ASSOCIATION FOR
GLOUCESTERSHIRE AND WORCESTERSHIRE.
TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have read with much pleasure the report of the proceedings at the anniversary meetings of the Suffolk, South Western, and Yorkshire Branches of the Provincial Medical and Surgical Association.

I am one of a few in this locality that would wish to have a Branch Association established amongst us. Allow me, then, through the medium of your excellent journal, to call the attention of the members of the Council of the Parent Association residing in Gloucester, Worcester, and Cheltenham, to this desirable object, in the hope that they will give it their consideration.

I am the more particularly induced to call the attention of the profession residing in this neighbourhood to the utility of such meetings, and trust that those of our brethren who may attend the Parent or General Meeting of the Provincial Medical and Surgical Association, to be held at Northampton on the 7th of August, will avail themselves of that opportunity in making preliminary arrangements for a Gloucestershire and Worcestershire Branch, or if that be found to be impracticable, why not join the Bristol and Bath Association. The journey by railway will not exceed two hours.

In addition to this, District Branches might be formed for quarterly or monthly meetings for scientific discussion and other professional business.

I cannot better express the benefits arising from those and similar meetings than by referring your readers to the journal of last week, where Dr. Simpson, in his admirable speech at the meeting so recently held

in Yorkshire, speaks to the following effect :—" After thanking the members for the honour conferred upon him, the President passed under review the benefits which this and similar institutions secured to the profession. While science was nurtured, and the dignity of the profession maintained, men, who in their earlier days had contracted friendships with those whom for many years after they never saw, were now again enabled to renew their former friendships, and to talk over days long past, though never forgotten. Such intercourse could not but introduce a feeling of harmony into the profession, to be attended with the happiest results."

With the sincere hope that the above effects may be realized in this neighbourhood,

I have the honour to be, Sir,

A MEMBER OF THE PROVINCIAL MEDICAL
AND SURGICAL ASSOCIATION.
Cheltenham, July 12, 1844.

CLAIRVOYANCE.

We condense from the Literary Gazette the following notice of an exhibition of clairvoyance afforded at the house of Dr. Elliotson, by M. Marcellet, on the youth Alexis, of Parisian notoriety. The lad was soon thrown into what is called the mesmeric condition, and displayed all that rigidity of muscle which is its apparent result. This, says the writer, we know can be simulated, and therefore we do not attach any important consequence to its production. Alexis' eyes were securely bandaged, (at least so they seemed to be to all the assembly,) and he was seated at the table where several gentlemen played *ecarté* with him, playing not only as clearly as if he had his distinct sight, but managing to tell a good deal what was in his adversaries' hands as well as (from the backs of the cards) in his own. If these cards were genuine, the perception is extraordinary; if prepared and substituted with peculiarities which may be felt by the touch, the trick would still be a very curious one, and was admirably performed. The doubt is suggested by the fact, that Alexis always handled the cards respecting which he exercised his power of supernatural vision; and indeed, in every case, there was, to a certain extent, a manipulation of the tests, a placing of them near the mouth or nose, as if a line, however limited, of actual vision might be employed, notwithstanding the parade of wool and handkerchiefs over the eyes, that appeared to us unnecessary for a purely psychological emanation of mind. Then there were also a general uncertainty, a number of guesses, and many mistakes in the course of the experiments, which are hardly reconcilable with a real faculty. If the mind's eye can see at all, it should be able to see rightly, or how are we to distinguish between its surmises and its truths? What would we give for the evidence of the bodily eye which fancied half a dozen of things before it hit the reality? Surely a spiritual gift ought to be superior to a corporeal sense; and before we can believe in the phenomena offered in support of it, we would desire more simple and more decisive tests than any we witnessed on this occasion.

Alexis read in books, but very few words—one line of poetry the longest; he described plates in a thick volume held behind his back, with numerous errors,

however, till he arrived at pretty tolerable accuracy; he told Colonel Gurwood the signature to a letter in the same way,—we mean, with errors, and after a good deal of handling and smelling.

It is due to Dr. Elliotson to mention, that he, like the rest of the curious and scientific visitors, was a mere spectator, and had not seen the parties before he kindly lent his roof for their performance, in a branch of inquiry to which he has paid so much attention. The best belief we could attach to all we could stay to witness, was, that it was the result of very ingenious collusion.

AGENTS AFFECTING CAPILLARY CIRCULATION.

M. Poiseuille has established the fact, that nitrate of potass or acetate of ammonia, added to water or serum, renders it capable of flowing more rapidly through either inorganic tubes, as those of glass, or organized, as the vessels of animals, whether in a dead or living condition. Alcohol has a precisely opposite effect; it checks the fluidification of humours, and retards the flow of fluids, in capillary or other tubes.—*Dublin Medical Press, from Archives Generales de Medicine.*

MEDICAL INTELLIGENCE.

A Lying-in-Hospital has recently been established in Edinburgh, to which the following gentlemen have been appointed Medical Officers :—

Consulting Physicians :—Dr. William Campbell, and Dr. Beilby. *Ordinary Physicians* :—Professor Simpson, and Dr. Moir. *Assistant Medical Officers* :—Dr. Charles Bell; John Niven, Esq.; Alexander Thomson, Esq., and W. S. Carmichael, Esq. *Consulting Surgeon* :—Dr. Pagan. *Ordinary Surgeon* :—Alexander Zeigler, Esq.—*Northern Journal of Medicine.*

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The members of the Association will perceive, by referring to the Journal for the week before last, (June 26,) that the Anniversary Meeting is fixed to be held at Northampton, on Wednesday, the 7th, and Thursday, the 8th of August. In our last number the date was inadvertently given as the 6th and 7th instead of the 7th and 8th of August.

TO CORRESPONDENTS.

Communications have been received from Dr. Oke; Mr. Harrison; Mr. Square; and Mr. W. T. Hamilton.

The letter signed Investigator should have the author's signature. His request is perfectly reasonable, and there is no reason why it should not be openly made. It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS OF THE THIRD ANNIVERSARY OF THE READING PATHO- LOGICAL SOCIETY.

By ISAAC HARRINSON, Esq., Surgeon to the
Dispensary, Reading.

(Read July 4th, 1844.)

MR. PRESIDENT AND GENTLEMEN:—We are met together this evening to celebrate the third anniversary of the Reading Pathological Society. That our Society has reached the third year of its existence must be a source of the highest gratification to its founders; must be a matter of unbiassed congratulation to all those concerned in its formation, interested in its progress, or imbued with a true sense of the purposes for which it was established. That it has succeeded beyond the most sanguine expectations of its promoters, no one can gainsay; that it has accomplished the objects which it had in view, viz., the upholding of professional dignity, the advancement of professional knowledge, and the promotion of good fellowship and good feeling, no one who has attended its meetings can controvert; that it will succeed and overcome triumphant all opposing force; that its “compulsive course, without retiring ebb, will keep due on,” the transactions of the past year most abundantly testify.

That we have not been behind hand in those additional aids to scientific research and discovery, which the spirit of the age renders indispensable, the purchase of a valuable microscope will sufficiently evidence.

That others also have participated in our feelings I am proud here to acknowledge, and I cannot withhold the record of our highest praise to the hospital management for their ready acquiescence in our wishes and for the noble manner in which they contributed to their fulfilment. It did them infinite credit, and reflected in the greatest degree on their liberality, enlightenment, and zeal.

In performing the task allotted me, to the best of my ability I shall follow the same general plan and arrangement as my predecessors, but shall deviate somewhat in detail. It would have been much easier for me to give simply a sketch of our transactions, a catalogue of our doings, but then its value as a document to others would have been

most materially diminished. For this reason I shall be fuller in detail, and shall endeavour to give and preserve the descriptions of most and the opinions of all;—and first of the “Communications.”

COMMUNICATIONS.

August 8th. Mr. Hale read the case of a lady aged 39. When a child she had rheumatism, which left a disturbed state of the heart and induced a delicate condition of health. When 26 years of age had rheumatism a second time, from which the heart suffered in an increased degree. Twice she suffered from falls on the back. Two years ago had an attack of paralysis, which affected the left hand and her speech. From this she completely recovered. Twelve weeks ago, in rising from bed, found herself incapable of standing; the whole of the left side was paralyzed. There appeared to be a family predisposition to paralysis. By attention to her stomach, which was much disordered, and a general plan of treatment, her motor power was materially improved. Vomiting of an obstinate character frequently occurred from improper food, requiring rigid attention to dietetics. Her bowels were habitually costive. Four days before death, bronchitis, with great dyspnœa, suddenly supervened, accompanied by violent palpitation. This was temporarily relieved by calomel, sesquicarbonate of ammonia, &c. Notwithstanding however the best directed means, the congestion advanced, the dyspnœa increased, and death took place on the fifth day.

About six weeks before death, Mr. Hale, from the constant vomiting, shrewdly suspected there might be some other organic or functional cause, and on examination found the urine highly albuminous. The quantity of albumen fluctuated, but continued more or less till death.

Post-mortem. Some serous effusion beneath the pia mater. Brain rather pale. Basilar artery dilated, and somewhat cartilaginous, all the arteries at the base larger than normal. On cutting longitudinally into the pons, two small cavities were exposed, one on either side, lined by smooth membrane. They did not appear to communicate with or lead to other cavities. Lateral ventricles large. In each corpus striatum a rather large cavity was found, which had a yellowish

tinge, rough edges, and extended several lines in depth. The brain around was perfectly healthy.

Heart :—The pericardium contained about two drachms of fluid. There were no adhesions. Heart very large; left ventricle much hypertrophied; mitral valves contracted; aortic valves much thickened. The lungs on both sides were congested to a great extent. Extensive adhesions of the right pleura. The kidneys were in an advanced stage of granular degeneration.

Mr. Hale then took a luminous review of the case, and inclined to the conclusion that the paralysis was more the product of sympathy between the brain and digestive organs, than of organic disease; and that the vomiting was dependant on the state of the kidneys.

Dr. Cowan thought there was sufficient disease in the brain to account for the paralysis, and that it should not be attributed merely to the sympathetic influence of the stomach, and that as the lesions were found on the *under* surface of the pons, in the course of the motor fibres, (the sensitive fibres passing on the upper surface,) there was greater reason for referring the paralysis to the lesion of the brain. The motor fibres were more frequently affected than the sensitive, and as the motor organs were more frequently called into action than those of sensation, he thought it might in some degree account for the more frequent affection of those fibres. In all lesions of the brain, the speech was usually affected, as the tongue, muscles of the face, and those of deglutition, are those most constantly exerted.

On the same evening Mr. May related the case of a gentleman, who died suddenly after an attack of pain in the chest. He had frequently suffered from apparently similar attacks, which had usually yielded to a little ginger with brandy and water. These remedies were employed in this instance with slight relief; the pain returned in a short time, collapse came on, and death took place in two hours from the commencement of the seizure. The sensorium remained unclouded till within a few moments of his dissolution.

Post-mortem. Stomach thin, dilated, and its mucous membrane very soft. The substance of the heart's apex much attenuated, particularly of the right ventricle. No disease of the valves. Ossification of the coronary arteries at their orifices. Great atheromatous deposit on the inner surface of the aorta; the inner coat destroyed in large patches in several places.

The cause of death in this case, Mr. May observed, was obscure. He did not think the state of the coronary arteries sufficient to account for it. He rather imagined it was some condition of the pneumogastric nerve, acting on an already diseased heart. Had he lived much longer he would have had aneurism of the aorta.

Dr. Smith remarked that for some considerable

time previously this gentlemen could not walk up hill without great distress in his breathing.

Mr. May also related the case of a man who was thrown from a horse in the street, and brought to the hospital with extensive fracture of the skull. Laceration of the brain, and of the lateral sinus, with great effusion on the surface of the brain, were found. There were slight tetanic convulsions before death, to which Mr. May wished to direct the attention of the Society, as they were stated by Mr. Banner, of Liverpool, to be diagnostic of laceration of the brain. They led him in this instance to predict this lesion. When they occur, Mr. Banner deems them sufficient to render the operation of the trephine useless.

Dr. Cowan then related the case of a woman in the hospital who had not menstruated for the last seven months. She had been previously healthy, had menstruated regularly, and borne two children. Seven months before, she had a discharge of fluid from the rectum, resembling the menstrual, and which continued to recur at regular monthly periods. There was no discharge from the vagina. A tumour was discovered at the lower part of the abdomen, which he concluded to be ovarian. This tumour was first noticed about two months after the first discharge from the rectum. The disease of the ovary he thought sufficient to account for the vicarious position of the seat of the discharge. She had no suspicion of pregnancy. In a short time she was dismissed the hospital with a recommendation to her medical attendant that paracentesis might be performed when it became necessary.

Dr. Cowan, at a subsequent meeting, candidly acknowledged that his diagnosis in this case was incorrect; that she had been delivered of a healthy child, and that all trace of tumour had disappeared. The importance of this case in a practical point of view cannot be overrated. If one, who can bring to his aid all the accomplishments of general and physical diagnosis, commits such an error, or rather I would say, such an oversight, how cautious should another be, who may be less able and less accomplished.

In the discussion on the above case Mr. Walford doubted the propriety of the application of the term *vicarious*.

Mr. Vines related an instance of periodical discharge from the rectum, where there was discharge also from the vagina.

Mr. Jeston mentioned the case of a lady, aged 18, who had never menstruated, but who regularly, at monthly periods, vomited a quantity of blood.

Mr. May related the case of a boy who suffered from spasm of the sphincter ani. He said also that he was subject to it himself, that it frequently caused him to get out of bed, and that after making some expulsive effort, it constantly subsided, whether anything was voided or not. He found it frequently brought on by port wine, and probably by other articles of diet, but most constantly

by this. He inquired whether any gentleman had met with similar instances; the affection had been recently described by Dr. M. Hall.

Sept. 5th. Mr. Vines read the post-mortem examination of an infant, found dead in the water. There was slight congestion on the anterior part of the scalp and face, a little brown fluid exuding from the nostrils, pupils dilated, umbilical cord lacerated, and about fifteen inches long. The body weighed 6lbs. 3oz. The lungs almost filled the chest, and were of a bright red anteriorly, and bluish posteriorly. About 2 ounces of fluid were found in the cavity of the pleura, and half an ounce in that of the pericardium. Abdominal viscera healthy; the smaller intestines contained thick mucus, the colon fecal matter, and the rectum meconium. Considerable ecchymosis on the parietal and frontal bones on the right side, congestion of the membranes, engorgement of the brain generally; heart quite empty, large vessels and lungs deficient in blood. He concluded from this examination that the child had died from hæmorrhage from the umbilical cord.

Mr. May said that two questions were to be considered—first, was the child born alive? of which, from the examination there could be no doubt; and secondly, how was death produced? which was not easy to answer. A child might breathe, and even cry, and yet perish in delivery.

Mr. Taylor asked whether laceration of the cord would not prevent hæmorrhage?

Mr. Harrison thought that laceration or rupture of the cord would prevent hæmorrhage. He had attended a woman who was delivered of a full-grown child in the erect position; the child fell on the floor uninjured; the cord was ruptured 18 inches from the umbilicus and close to the placenta. There was no hæmorrhage. He had also attended a woman with a very large child, where the head was expelled half an hour before the shoulders and body. During this time the child cried loudly several times, but perished before delivery was completed. The body was not examined.

Mr. Bradshaw had seen several such cases, but had not examined them after death.

Mr. Vines had seen a case where the child cried distinctly before the expulsion of the head.

Mr. May said an accurate account of the appearances of the lungs in these cases was much needed.

Mr. Vines then read several very interesting cases of nephralgia with copious deposit of lithic acid, successfully treated by balsam of copaiba, liquor potassæ, and benzoic acid, used as a specific. He begged to direct attention to the pain returning at night, and to the pyrosis frequently accompanying the attacks, and asked, whether it was primary or secondary.

Dr. Bradshaw could say from his own case, that the pain was worse at night, and he believed the pyrosis to be secondary.

Mr. May said the kidneys were affected sym-

pathetically in many other diseases, as in a loaded state of colon; that in the formation of lithic acid, not the kidney but the stomach was primarily at fault; this was illustrated in gout, and might account for the occurrence of the night pain.

Mr. Harrison enquired whether any member had seen a case of calculous pyelitis justifying the operation of nephrotomy, and referred to M. Rayer's cases and opinions.

Mr. Bradshaw, on the same evening, related the very interesting case of a French lady, aged 37, who was seized with fits of complete blindness. They came on suddenly without probable cause, night and day, irregularly, without periodicity, and each fit lasted about three hours. During the attack the pupils were widely dilated, there was complete blindness and perfect immobility of the eyes and their appendages. After the attack they resumed their wonted activity, and were apparently in a perfectly healthy condition. In other respects the lady was in the best possible health. This affection had continued for some years, and the fits recurred with about the same frequency, viz., three in a fortnight. She had submitted to a variety of treatment without benefit. Her sister was affected in a similar manner.

Mr. Harrison thought it was a case of temporary paralysis of the iris.

Mr. May considered the affection to be one of an hysterical nature.

Mr. May then mentioned the case of a lady, aged 34, who had been affected for seven years with almost continual spasm of the orbicularis palpebrarum, and the muscles allied in the production of frowning.

This frowning was so constant as most materially to interfere with her comforts and duties. She had undergone a variety of treatment without benefit, and had given up in despair all hope of relief. Mr. May supposed it was a habit, and discovered that by making pressure on one brow frowning was prevented—that she was unable to frown. To fulfil the consequent indication, a patch was ordered to be worn on each eye for a few hours alternately, covering the eye and making gentle pressure on the brow. By this simple means the habit was interfered with—was broken, and a complete cure effected.

October 10th. Mr. Jeston related the case of a lady with ovarian tumour, who miscarried at five months. Neither Dr. Locock nor himself were able to detect the existence of pregnancy.

Mr. Taylor brought forward a case of dislocation of the radius *backwards*. It was reduced by pulling first in the flexed and then in the extended position.

Mr. May said that though Sir A. Cooper had never met with a case in the living subject, yet now its occurrence was generally admitted.

Mr. Harrison then read a paper founded on the following interesting case. Mrs. L., aged 50, eight weeks before her admission under his care, in

the Reading Dispensary, had been seized with pain in the left side, &c., and now had all the attendant signs and symptoms of considerable effusion in that side. Diligent treatment afforded temporary relief, but at the end of five weeks perforation of the lung occurred. Profuse nauseous expectoration was now habitually present; and she daily became more asthenic, and died by syncope, sixteen weeks from the commencement of the disease, and three weeks after perforation had taken place.

On examination, the left lung was found closely compressed by purulent fluid, and a perforation was discovered communicating with the bronchus. The costal pleura was lined by an adventitious substance, from one to three lines in thickness, and at the apex, was converted into bone. The right lung remarkably voluminous and free from disease. Not a tubercle in either lung.

The frequency of the deposition of osseous matter in pleuritic false membranes was then considered, and thought to be rare, being most generally found beneath the *attached* surface of serous membranes. The physical signs were then discussed, more particularly as modified by the adventitious membrane; the state of the affected, and the condition of the opposite lung, and a few remarks made respecting the treatment pursued.

A subject of great interest and momentous import was then entered on, viz., the deposition of tubercles in a lung compressed by a pleuritic effusion, or on the opposite side. For its better illustration, a review was taken of the comparative activity of the right and left sides; of the effects of muscular exercise on the lungs; of the liability of the apex to tubercular deposition; of the base to pneumonia; of the relative frequency of tubercles in the right and left sides; of the nature of tubercle and the seat of its election. These considerations were then practically applied. It was contended that the principle was the same whether tubercles were deposited on the opposite or affected side, and that their deposition was dependent on the physical condition of the lung. The explanation offered was, that in one case, when one lung was completely compressed, and thus spoiled in its office; the other had double duty to perform; that this it might be able to do, to a certain extent, but no farther. But that under unfavourable circumstances, the blood would become imperfectly aerated—stagnation or detention occur—suppuration take place—morbid secretions form and tubercles be deposited.

That in the other case, where the lung was only partially compressed, it was in a condition specially favourable to tubercular deposition.

That the same principles applied to the deposition of tubercles in new membranes, recent tissues, &c. &c. He concluded a rather lengthened communication by the expression of a belief that the causes of phthisis had not been sufficiently attended to—that not until we observed more strictly the causes, and then endeavoured to analyze the

operation of those causes, should we ever be able to realize that consummation “so devoutly to be wished,” the cure of phthisis.*

In the discussion which followed, Dr. Cowan said, that the question of comparative liability of the right and left lungs to tubercular deposition was yet unsettled. He did not believe that the left lung was more active than the right, nor that the greater muscular exercise and development of the right side favoured the deposit of tubercles. He noticed the rarity of tubercles in emphysematous conditions, and considered it to be owing to the lower state of the system, to diminished aeration. Tubercles were not found in cold-blooded animals. The use of naphtha in phthisis was then discussed, and its efficacy denied.

Nov. 7th. Dr. Cowan narrated two cases of acute phthisis, in which the lungs were found universally studded with tubercles. The symptoms were at first very obscure.

Mr. Harrington mentioned the case of a child sixteen weeks old, quite healthy till five weeks before death. The lungs and liver were found filled with tubercles.

Mr. Harrington read the case of a man who died hemiplegic. A cyst, the size of a walnut, was found in the left hemisphere, which contained only serum. The apex of each lung presented a beautiful specimen of a nest of tubercular deposit.

Dr. Cowan then made some valuable observations on the condition of the lung presented, and stated that cases of accidental phthisis, where there was no predisposition, were not to be looked on with the same gravity as ordinary cases, and that tubercles might exist in certain individuals without shortening life.

Dr. Cowan mentioned the case of a man who had scarlatina, and then diffuse cellular inflammation of the leg and arm, extending into the knee and shoulder-joints. He died suddenly. On inspection, the pericardium was found distended to the utmost. No other visceral disease. He died by syncope. He said it was a curious instance of a man dying without any symptoms that would lead you to expect death so suddenly, though it was evident he could not recover.

Mr. Jeston, in the anasarca occurring after scarlatina, had used with the greatest benefit mercury and nitrate of potass, with frictions of digitalis.

Dr. Cowan brought forward the case of a lady, aged 72, very corpulent, who suffered extreme pain in the right lumbar region. It recurred periodically, three times in the day and twice at night. The legs and thighs were enormously swelled. General health good. He asked what was the diagnosis? He suspected fibrous tumour of the uterus, in which opinion the Society agreed. No examination per vaginam was allowed.

Mr. Jeston referred to the case of a lady, aged

* This paper has since been published in full in the Provincial Medical and Surgical Journal, June 26.

45, who, after each confinement or miscarriage, suffered from a most profuse watery discharge from the uterus. He had examined the fluid and found it clear and limpid, with a considerable quantity of saline matter. She was relieved by opiates.

Mr. Walford narrated the case of a patient who applied to him with stiffness, uneasiness about the throat, &c. An emetic, and some calomel at bed time, were prescribed. In the night he was found with his limbs rigid, and apparently insensible, and remained in this state ten minutes. He stated that he was not conscious during the fit, but had the most distressing ideas. Mr. Walford enquired the nature of the attack, whether the calomel had anything to do with it, and how the queries of an assurance office were to be answered?

Dr. Cowan replied that he did not think the calomel had anything to do with it. That the disease was probably epilepsy in a modified form, produced by some mental or bodily excitement, and that the fact ought to be stated to an insurance office, as the attack might recur. Dr. Cowan asked the experience of members as to the effects of emetics on the brain. Instances were related where apoplexy and death had followed the action of emetics.

Mr. Vines stated the case of a woman whom he found comatose, with paralysis of the right side. The right arm was rigidly contracted on the chest, but there were no convulsions. Treatment was unavailing, and she died on the fifth day. On inspection, a clot of blood was seen in the right ventricle, and the brain was found lacerated over the ventricle.

Dr. Cowan said the nature of the symptoms sufficiently explained the kind of injury. The coma and spasm indicated hæmorrhage with laceration of the brain. This case supported the opinion of our northern colleagues, that muscular spasm was indicative of cerebral laceration.

Mr. Taylor mentioned the case of a woman to whom he had been called an hour after delivery. She was very faint, and he had great difficulty in rousing her. The uterus was contracted, and there was no hæmorrhage. He enquired the cause of the syncope. It was thought by the Society that she was an anæmic subject, and was exhausted by the labour.

May 8th. Mr. May stated the case of a lady, who voided daily five pints of urine of the high specific gravity of 1040. It contained albumen with a small portion of sugar; urea absent. She was treated with ipecacuanha, opium, and steel, and was rapidly convalescent. The case in the first instance exhibited symptoms of uterine disease. If neglected it would probably have passed on to intractable diabetes.

June 5th. Dr. Cowan related a case of spinal irritation, characterized by a peculiar spasmodic cough.

This concludes the series of communications. I shall now proceed to give a condensed analysis of the morbid specimens, and adopting the plan of my predecessors, begin with those of the

OSSEOUS SYSTEM.

1. Mr. May. A scrofulous knee joint, removed by amputation, from a boy aged 11 years, in an advanced state of ulceration.

DISEASES OF THE BRAIN.

2. Dr. Woodhouse. Two small tumours found in the substance of the cerebellum of a man. The brain was generally soft and the ventricles distended with fluid. He died paralytic.

DISEASES AND ABNORMAL CONDITIONS OF THE HEART AND GREAT VESSELS.

3. Dr. Cowan. The valvular apparatus of the heart of one of our late members. His case was singular and very obscure. There was a bellows sound over the aortic orifice. On inspection, the pericardium was found universally adherent. This condition was not indicated during life. Aortic valves thickened. There was a fibrinous pouch on one of the valves.

4. Dr. Woodhouse. A heart taken from a woman, aged 71, who died of apoplexy. The foramen ovale was patulous to a considerable extent—about half an inch; the valvular portion of the septum auriculorum unusually large. There were no symptoms during life, as lividity of countenance, deficient nutrition, &c., to indicate such a condition.

Dr. Cowan thought the valvular apparatus sufficiently perfect to prevent an admixture of the blood of either auricle. The opening was unusually large, but probably somewhat magnified in the putting up of the preparation.

5. Mr. Harrington. A bony spiculum found in a false membrane between the pleura costalis and pulmonalis of a man, who had been asthmatic from birth. The lungs were œdematous; emphysematous at the upper part. The right side of the heart was much hypertrophied and dilated; pulmonary artery also much enlarged. No valvular disease. This condition of the heart was evidently the result of the disease of the lungs.

Dr. Cowan mentioned the case of a man who had a similar disease of the lungs, with general anasarca. He had great oppression of respiration, and death seemed inevitable. Half a grain of elaterium with one grain of calomel was given. In a few hours violent vomiting with catharsis ensued, copious diuresis occurred, and he was instantly relieved.

6. Dr. Cowan. A portion of the abdominal aorta of a woman, who had suffered from extreme neuralgia of the abdomen. It was relieved by narcotics, but recurred at intervals. The only thing found was an ossified condition of the inner membrane of the abdominal aorta. Whether this

was the cause of the neuralgia it was difficult to say. The spine was not examined.

7. Mr. Harrinson. The heart of a child aged two years and two months. It was observed to be cyanosed within a short period from its birth. Its breathing was always short and its heart palpitating. It remained weak, never able to walk, and always cold. The blueness of the skin was increased by any excitement, as crying, &c. It died from the supervention of pneumonia. After death both lungs were found nearly universally carnified. The right side of the heart was enormously distended with clots and fibrine; auricle and ventricle greatly enlarged. The auriculo-ventricular orifice was so much enlarged or dilated as to annihilate the functions of the valves. The pulmonary artery was greatly dilated; the ductus arteriosus impervious. On the left side: the auricle was very small; the foramen ovale open, its edges rounded; no valvular apparatus; the auricula absent. No appearance of the entrance, after a very careful examination, of any pulmonary veins. Ventricle very small. The circulation must have been very peculiar, and tracing it from the right auricle, it would appear that a portion of blood would escape into the left auricle, ventricle, aorta, and general circulation in the usual way; but that the greater portion would pass into the right ventricle, the pulmonary artery, and lungs, as usual; that it would then be returned by the pulmonary veins into either the vena azygos, or into the superior cava, more probably the latter, and then into the right auricle. There would thus be in the right auricle a mixture of arterial and venous blood, and this mixture it would be which, passing to the left side, alone ministered to the wants of the body, in this manner accounting for its peculiar appearance and its imperfect development. The circulation would be carried on nearly independently of the left side of the heart, approaching the dicalious heart, as described by Hunter.

It was considered by the Society a deviation exceedingly rare. It is much to be regretted, that the termination of the pulmonary veins was not demonstrated. The heart was taken away for future examination, and the anomaly not discovered till too late.

DISEASES OF THE LUNGS.

8. Mr. Walford. A portion of inflamed lung, taken from a child aged 17 days, who two days before death had been seized with convulsions, which recurred three or four times.

9. Mr. Walford. A specimen of hepatized lung taken from a child dying from acute pneumonia.

(To be concluded in our next.)

PRACTICAL OBSERVATIONS ON NECROSIS IN THE LONG BONES.

By W. S. OKE, M.D., Southampton.

It is my intention on the present occasion to say a very few words on the nature and treatment of necrosis, when it takes place in the internal part of the shaft of the long bones.

Although that celebrated surgeon, the late Mr. William Hey, of Leeds, has handed down to us in his "Practical Observations on Surgery," some valuable remarks and directions on this subject, it appears to me, from his observations having been either overlooked or disregarded, that this disease does not meet, from the majority of surgeons, with the attention it deserves, nor the treatment it requires; and, consequently, that very many of these cases are allowed to go on month after month, year after year, without any real effort being made to remedy them, till at length, from the long continuance and increase of the disease, amputation is often resorted to as the only means left of curing, or rather getting rid of it, whilst, at the onset of the case, an easy and safe operation might have been adopted that would have prevented so serious a result.

When, from whatever cause, a portion of the internal structure of a bone becomes disorganised, and loses its vitality, a curative process is at once set up by the surrounding sound parts, deep-seated, severe, and continued pain is felt in the bone affected, depriving the sufferer of his rest, and making sad havoc with his general health.

The surgeon examines the limb again and again, searching for some deep-seated abscess, but he finds none. Leeches, fomentations, and cataplasms are applied without effecting any mitigation of the pain; and the only remedy which affords some degree of relief, are repeated doses of laudanum.

After a while the periosteum is thickened, and the shaft of the bone becomes sore under pressure, and enlarged by the deposit of new bony matter around the dead or disorganised part. At length a small abscess is felt under the integuments, which makes its way through them, and gives relief to the patient.

Upon a careful examination the abscess is found to communicate through an opening in the new bone, which is like the perforation of a gimlet, with the cavity in which the sequestrum lies. If the blunt end of a probe be bent at an obtuse angle, and introduced through the perforation, we shall be enabled to ascertain the directions which the cavity takes; and by turning its blunt extremity upwards, supposing the limb to lie horizontally, we shall at once bring it into contact with the bony roof of the cavity, which is, in fact, the internal surface of the new bone.

We are thus made acquainted with the true state of the case, viz., that disorganization had taken place in a portion of the internal structure of the bone; that suppuration had necessarily followed; and that the new bone, deposited around the dead portion, had been perforated in order first to evacuate the matter, and secondly, the opening having been gradually enlarged, to allow of the sequestrum being thrown off.

This is precisely what takes place in the soft parts, when there is loss of vitality in some portion of the subcutaneous cellular tissue. Here we have severe

pain, throbbing, redness, and thickening of the integuments, and suppurating beneath them, when, as it were, at once a small opening takes place through the integuments, which discharges a foetid matter, and gradually along with it, the sloughs of the tissue.

Necrosis is more frequently met with in children and young persons; and the tibia is most common the seat of the disease. The other cylindrical bones are also sometimes similarly involved.

In the treatment of these cases, the indication clearly is to enlarge the aperture, in order to remove the sequestrum. The sooner this is done the better. We shall be justified in doing it even before any natural opening has been formed, provided we are confident as to the nature and situation of the disease, upon the same principle that we are called upon to cut through aponeurotic texture, for the outlet of pus confined beneath it; but if we are not sufficiently certain of our diagnosis, (and this will generally be our position,) we are to wait till the bone has been naturally perforated—no longer, because, if we permit the disease to go on without enlarging the opening, the bone, from being constantly exposed to the matter accumulated in the cavity, will probably become more extensively disorganised, and the result will be, that instead of being able to remove the disease by one perforation of the trephine, we shall be under the necessity of making several more.

As soon, then, as a cavity in the internal structure of a bone is discovered, for example of the tibia, the limb being laid upon a pillow and firmly steadied at the knee and ankle, a conical incision is to be made through the orifice of the abscess down to the bone, and sufficiently long to allow the integuments to be dissected up, and the bone laid bare as far as the disease extends, which can generally be determined by the morbid condition of the periosteum, and by our exploration of the cavity below. If there be more than one aperture in the bone, the dissection is to be continued till the whole of them be fairly exposed.

Should we find only one, and that leading to a transverse or very limited cavity, the removal of a single circle of bone might be sufficient, which is to be sawed out by a moderately-sized conical trephine, cutting at its side as well as at its extremity; but if the cavity be found to extend longitudinally down the shaft, or if there be several openings, then so many circles are to be sawed out as the extent of the disease shall require. The intervening bridges of bone may be removed by Hey's saw, or, what is better, they may be cut out by a small chisel, and the gentle stroke of a mallet.

The cavity being freely exposed, the sequestrum, if loose, is to be removed at once; if not, it must be left to be disposed of by the natural process.

If the cavity consist of carious bone, which will sometimes be the case, the diseased surface of the cavity should be cleared away by a sharp gouge, after the manner recommended by Mr. Hey.

We shall occasionally find that the cavity contains a sequestrum, extending to a considerable length, both above and below the aperture, which, therefore, cannot be extracted through it. Under these circumstances the sequestrum is to be cut across in the open space we have made, which will enable us to draw out first one end and then the other. This was done in the

following case, successfully treated by myself some years ago.

A fine young man, 21 years of age, consulted me for a severe pain of the upper third of the right arm, which he attributed to rheumatism from cold. It was treated accordingly, but without any good effect, and it soon became evident that the disease was of a much more serious nature.

The pain continued; was more and more severe, and required frequent doses of the tincture of opium for its alleviation. The bone was soon observed to be enlarged and the muscles attenuated. After several weeks a small abscess was discovered on the external surface of the arm at about the insertion of the deltoid muscle, when the severity of the pain subsided.

Upon examination, the abscess was found to communicate with a cavity in the internal structure of the shaft of the bone; and as there was no prospect of a cure by the natural efforts, a conical incision was made through the orifice of the abscess down to the periosteum, and the soft parts sufficiently dissected up to allow of the action of the trephine. Three circles of a thick bony case were sawed out, and the opening completed by Hey's saw. This brought into view a sequestrum extending both above and below the opening, the extreme length of which could not be determined by a common probe, and which of course could not be extracted. It therefore became necessary to cut it across; and by so doing, I was enabled to extract the two ends, which, when joined together, were found to correspond in length with the entire shaft of the humerus.

Upon examining the cavity of the new bone, from which the sequestrum had been extracted, it was found to have a smooth surface. The integuments were now laid down and covered by a poultice. The wound was afterwards treated with simple dressings, and lastly with strips of adhesive plaster.

Under this treatment the case progressed most favourably. The cavity gradually became consolidated by bony deposit; and the young man completely recovered: the humerus, however, remained flattened where it had been perforated by the trephine.

During the performance of the operation an interesting circumstance occurred, which I think is worthy of being recorded.

In cutting down through the muscles, the musculocutaneous nerve was unavoidably divided, which occasioned the instantaneous dropping of the hand. This appeared at first to be an unfortunate result, as it was feared it might occasion the permanent loss of the hand, and deprive him of the power of writing, for he could use his pen tolerably well.

To make up for so serious a deprivation in some degree, as soon as the state of the right arm would admit of it, he was sent to a schoolmaster to be taught to write with his left hand, which in about four months he accomplished; but at the end of this time I was gratified to observe a returning power in the right hand. The power gradually increased; and in the course of a few weeks he completely regained its use, and thus was enabled to write with both hands.

This was an important fact in physiology, inasmuch as it showed that the trunk of a nerve, though it be divided, and its ends kept apart for a considerable

time, might eventually unite, and regain its normal functions.

I have treated several other cases of necrosis—most of them in the tibia—in the manner above recommended, and always with success.

Southampton, July 11, 1844.

CASE OF SPONTANEOUS RUPTURE OF THE UTERUS.

By W. ARNOLD, M.D., Kingston, Jamaica.

The following remarks were made by Dr. Henriques, who was first called to the patient on the 20th of November, 1842:—

Mrs. Brown, a black woman, about 35 years of age, plethoric, of leuco-phlegmatic temperament, remarkably fat, is the mother of several children; in giving birth to them she invariably suffered, and indeed was ill prior and subsequent to delivery.

At ten o'clock this morning, whilst at breakfast, she was suddenly seized with uterine pains, by no means severe, and these pains ceased as suddenly, but were succeeded by nausea, continued syncope, and uterine hæmorrhage. She was at the full term of gestation.

She was entirely free from pain; on the arrival of Dr. Henriques she complained however of great weakness. Several clots of blood were taken from the vagina, but no active hæmorrhage existed at the time; the neck of the uterus was soft, and dilated only to admit the introduction of the little finger; the pulse full, but easily compressed. Imagining that internal hæmorrhage was going on, she was bled, and took an opiate. Two hours after, upon examination, she was found precisely in the same state; the fullness of the pulse somewhat diminished, and the disposition to syncope more prolonged. Large doses of the secale cornutum were given, but this powerful medicine produced no effect.

At nine, p.m., there were evident signs of sinking, without any appreciable cause. No pain, no hæmorrhage, no further dilatation.

It was agreed to have a consultation, and I received a note from Dr. Henriques requesting me to meet him.

The patient was lying in a quiescent state, free from pain; the pulse weak, about 100; she replied to questions, but nothing satisfactory was elicited.

We agreed in the propriety of effecting delivery by forcibly dilating the uterus, which did not permit of a free examination, although I brought away one or two clots of blood, which nearly filled the vagina. Internal hæmorrhage was unquestionable, although not active, delivery at this juncture was evidently impracticable. Dr. Henriques proposed to try the effect of belladonna, with the view to dilatation, and to await one or two hours. At twelve o'clock the uterus admitted of a free examination, and delivery by turning was effected; the placenta was extracted entire, and what was equally surprising to us both, not a single drop of blood was lost, if we except one or two clots taken away just before the birth.

She died at three in the morning, without a struggle.

Post-mortem examination about noon on the 21st. A triangular incision was made in the hypogastric region; in this incision the abdominal parietes were comprised, and on turning downwards the angular

flap, the uterus was brought into view. Here was presented to us a scene as unexpected as it was extraordinary; immense clots of blood surrounded the uterus, filling up the whole abdominal cavity, the removal of which enabled us to lift the uterus, and now it was that we discovered an extensive rupture on the posterior surface.

The uterus was accordingly dissected out, and carefully examined, its texture appeared unusually soft, the mucous surface bore evident traces of inflammatory action at different points, and the external serous covering also presented erysipelatous discolouration.

REMARKS.

This case is novel and extraordinary:—first, because the rupture appeared to be the result of inflammatory action, which gave no pain except that described when the injury took place, *which pain was considered the premonitory pain of approaching labour*; secondly, because softening of the uterine tissue is very rare; thirdly, because the fœtus and placenta maintained their positions instead of escaping into the abdominal cavity.

Kingston, Jamaica, May 7, 1844.

CASE OF INVERSIO UTERI.

By WILLIAM JOSEPH SQUARE, Esq., Surgeon to the South Devon and East Cornwall Hospital, to the Plymouth Eye Infirmary, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In accordance with a request, expressed by Mr. Crosse in a late number of your Journal, I beg to forward to you a case of inversion of the uterus, which will probably be interesting to some of your readers.

On the 14th of February, 1840, I was summoned in haste to Mrs. D., a powerful woman, having a large pelvis, who was delivered on the 3d of the month, of twin children. She had been attended by Mr. —, who stated that her labour, (her first one,) had been perfectly natural, and completed in an hour and a quarter after he first visited her, that the placenta were expelled with very trifling manual assistance, just sufficient to disengage them from the vagina, and that their expulsion was followed by a very small quantity of blood, certainly not more than three or four ounces. This statement accorded in every particular, with that of the patient and her friends.

For eight days she remained in bed, and was quite well. On the evening of the eighth day she dressed, and sat up, and while in the sitting posture experienced a trifling uterine hæmorrhage. Two days afterwards, while sitting up, this was repeated, and to a larger amount.

To-night, she had lost about a quart of florid blood. On my arrival she was seated on a chair, feeble, and very pale. I caused her to be placed in bed, and covered her with the sheet only. I then made firm pressure on the abdomen with a pad and bandage, and ordered one scruple of secale cornutum, infused in boiling water, to be taken every two hours.

15th. The hæmorrhage has ceased. A sanguineous discharge continues. She presents the ordinary constitutional symptoms of a large loss of blood.

Bowels confined. Ordered :—a draught of sulphate of magnesia in compound infusion of roses.

17th. No recurrence of hæmorrhage. Vaginal discharge greenish and scanty. Arrow-root diet.

18th. 6½ p.m. Within the last ten minutes she has lost about a pint of florid blood. She is pale and gasping; the pulse feeble and intermittent. I threw open the windows, gave her a glass of cold water, applied vinegar and water to the pubes, and gave her a scruple of the secale cornutum, infused in boiling water, as soon as prepared.

10½ p.m. The flooding has quite ceased. To repeat the dose of secale cornutum every two hours.

21st. No further hæmorrhage. Vaginal discharge, reddish serum. Great exhaustion. Arrow-root and sago diet.

24th. While at stool, a tremendous gush of blood poured from the vagina. She instantly fainted, and sank into a state of profound exhaustion.

On vaginal examination, a tumour rather larger than a hen's egg, and very similar in shape, was discovered at the upper part of the vagina. This tumour is sensitive, regular on its surface, and not embraced by the os uteri. My partner, Mr. Rendle, who now saw her for the first time, agreed with me in believing it to be an inverted uterus. We both attempted its reduction, but with great care, and, as was reasonable to expect, failed to accomplish our purpose. Ordered :—

Tincture of opium 45 minims.

Tincture of sesqui-chloride of iron 2 drachms.

Water 12 ounces.

To take an ounce every four hours.

Two ounces of cold water to be injected into the rectum night and morning. Beef tea and arrow-root diet.

25th. Vaginal discharge scanty and reddish. Is more comfortable; believes she shall recover. Continue the remedies.

From this period, the uterine hæmorrhage ceased, and she gradually recovered her usual healthy appearance. One of her children died soon after its birth. She suckled the other in April, 1841, when I last saw her. She was then a very robust active woman, and was, and had been free from any vaginal discharge for eleven or twelve months.

Anxious to know her history, I have lately made many enquiries about her, but I cannot discover her present residence. I never instituted a vaginal examination since the latter end of February, 1840, and in fact never requested it, fearing that she might make such enquiries about her previous illness, as might involve the reputation of the gentleman who attended her accouchement.

REMARKS.

The early history of this case is very dissimilar to that of most instances of inversion of the uterus. No profuse hæmorrhage succeeded the expulsion of the placenta, and it commenced many days after parturition. In consequence, inversion was not suspected until the hæmorrhage had been twice or thrice repeated. Her continuous good health, and the absence of vaginal discharge for more than twelve months, singularly contrast with the usual course of the disease, and can only receive an attempt at explanation, by the supposition that during lactation the uterus is comparatively

inactive, and not so prone to discharges, as when it is periodically excited by menstruation. Should I ever meet with this patient again, I will report her history either in this Journal or to Mr. Crosse himself.

WM. JOSEPH SQUARE.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 24, 1844.

The inquiry into the cause of death in the case of a young boy, who had been taking phosphorus, which is reported in the Journal for this week, is one of much interest. The medicinal employment of the deleterious substance to which the fatal event was suspected to be owing, is now, from the extreme uncertainty and danger of its operation, rarely had recourse to; while the recorded instances in which phosphorus has been given or taken in poisonous doses, are so few as to require close examination into the circumstances of any case of injury which may occur from its use, before a definite opinion can be formed as to the actual agency which it may have had in producing fatal or hurtful effects.

There is no question but that phosphorus in large doses must act as a highly corrosive poison. In the experiments upon animals performed by Orfila, Worbe, and others, with this substance, this fact is fully established. Dissolved in oil, and injected into the veins, it produced death in a very short time; and when introduced into the stomach it caused effects, varying according to the state of division in which it was given, but which always resulted, in a longer or shorter time, in a fatal termination.

The general inferences which Orfila deduced from his experiments with this substance are, that internally administered, it proves fatal by causing inflammation, more or less intense, of different parts of the intestinal tube, and that if intense it occasions a sympathetic lesion of the nervous system; that it is by the generation of the corrosive acids of phosphorus, by its combination with the oxygen of the air in the stomach and intestines, that it produces these effects; that in the solid form, the phosphorus, by combining with the oxygen of the air in the intestinal canal, becomes covered with a layer of phosphatic acid; that the presence of

alimentary matters impedes the corrosive action of the poison, and that when previously dissolved in oil, the effects are more rapid, and the animal dies frightfully convulsed.

These inferences are confirmed by those of Giulio, of Turin, and closely correspond with what has been observed in the human subject, where phosphorus has been taken so as to prove the cause of death.

A young man, aged 28, swallowed half a grain of phosphorus, mixed with very hot water. Feeling no effect, he took three days after a grain and a half in the same vehicle at a single dose. He breakfasted almost immediately after, and experienced no remarkable symptom till five o'clock, when he had no sooner swallowed some food than he complained of violent pains in the stomach and belly, soon followed by incessant and painful vomiting, and abundant discharges from the bowels during the night. The next day there were violent contractions of the belly, emollient injections producing neither excretions nor relief. It was not until the end of a week that he applied for relief to M. Worbe, who reports the case, and communicated the circumstances of his attack. The epigastrium was then extremely painful to the touch, the abdomen very tense, its muscles strongly contracted, and he was unable to continue out of the horizontal posture; his features had an expression of sadness, languor, and wavering; his eyes were heavy, and the conjunctivæ and skin yellow. At ten p.m., he became delirious, convulsed, and unmanageable, but carried his hands instinctively to the epigastric region, and on the following day his condition became hourly worse; the urine escaped involuntarily; the alvine discharges became frequent and copious, with flabbiness of the muscles; the pulsations of the heart became weak, and at the wrist were no longer perceptible; the skin, now intensely yellow, was covered with a cold sweat, most abundant on the forehead, the extremities became cold, and death took place at three in the morning of the second day of his application to M. Worbe.

The particulars of the foregoing case are quoted in the *Edinburgh Medical and Surgical Journal*, vol. 28, from the *Memoires de la Société Médicale d'Emulation*. Dr. Christison refers to two other cases. In one of these, related by M. Julia Fontenelle, in which the subject, an apothecary, after taking in one day first a single grain, and then two grains of phosphorus, without experiencing any particular effects, swallowed next day three grains at once in syrup. In the evening he felt generally uneasy, from a sense of pressure in the belly, which continued for three days; he was then

seized with violent continual vomiting, of a matter which had an alliaceous odour, and on the seventh day had spasms, delirium, and palsy of the left hand, and death speedily ensued. In the other, related by Dr. Flachsland, of Carlsruhe, the quantity of the poison was not ascertained, the patient, a young man, taking it on bread and butter, at the instance of a quack. The symptoms were violent pain in the stomach, continual vomiting, and discharge by clysters of small fragments of phosphorus, discovered by their shining in the dark, and subsequently, by the appearance of burnt spots on the bed-linen, death occurring in forty hours.

The morbid appearances both in M. Worbe's, and in Dr. Flachsland's case, were such as were to be expected from the action of a mineral acid.

There is a remarkable accordance in these cases, and in the experiments performed on animals with this substance, with the view of ascertaining its effects, both in the primary symptoms of irritant poisoning, extending throughout the whole intestinal canal, and in the secondary affection of the nervous system. To apply these observations to the elucidation of the Sheffield case, it will be remarked that, from the 18th of May to the 5th of June, the boy was taking pills twice or three times daily, each pill containing about one-third of a grain of phosphorus, and consequently in that period he must have swallowed from ten or twelve to sixteen grains. From the 5th of June to the 12th or 13th it appears that he was taking phosphorus in a solution of variable and increasing strength, and on the latter date it seems the father became uneasy; the symptoms, as it is stated, were these—an inclination to vomit, and pain in the stomach, and on the 19th, the day before he died, he was worse. The account given of this part of the case is very meagre and unsatisfactory, but it is evident that corrosive poisoning was apprehended, and that the symptoms, so far as the very slight notice given of them will allow of an opinion being formed, were such as would arise from this cause. On the night of the 19th, when Mr. Reedal was first called in, the symptoms of lesion of the nervous system had set in, the boy was in a state of stupor, insensible, violently convulsed, with quickened respiration, increased action of the heart, quick and small pulse, and rapidly sinking. The appearances discovered on examination corresponded with the symptoms and with those observed in the very few similar cases hitherto recorded.

Mr. Reedal exercised becoming caution in the opinion which he delivered on the case. He attributed the death of the child to inflammation of the bowels and brain, but declined positively to fix the cause on the phosphorus. "*I think,*" he says, "*there is every probability, that though it was eight days since the last phosphorus was taken, that might have been the cause, or it might have arisen from other causes than the exhibition of phosphorus—such, for instance, as from any other acrid poison.*"

There is a curious correspondence, in the time intervening between the commencement of the effects of the phosphorus and the fatal termination, in the cases mentioned by MM. Worbe and Fontanelle, and the Sheffield case, so that the period of eight days that elapsed in the latter, instead of being an objection, would tend, so far as the instances hitherto recorded will carry us, rather to lend confirmation to the opinion that the death was, in this case, caused by the phosphorus.

Under the circumstances the verdict of the jury, as regards the cause of death, was a very proper one; but there is one omission either in the verdict and the coroner's charge, or in the evidence as it has come to us,—we mean the apparent want of legal qualification for practice in the person who prescribed a medicine of such uncertain and dangerous activity, as to have been excluded from our national pharmacopœias, and very generally discarded from practice. It was distinctly admitted by the legal adviser that his client had not passed the College of Surgeons, and it does not clearly appear that there was any other qualification for practising medicine forthcoming. If this were actually the case, there ought to have been a strong expression, both on the part of the Coroner and on that of the Jury, of reprobation that any persons should be allowed to tamper with such dangerous materials, who were not duly certified to be qualified to understand and appreciate their effects, and well able to judge of the peculiar circumstances of the cases which may be thought to call for their employment.

We beg to direct the attention of our readers to the arrangements entered into for the Anniversary Meeting. See page 262 in the present number. In consequence of the loss which the Association has sustained by the decease of their respected and lamented President, the chair will, in the first

instance, be taken by the President of the Council. The Address on Anatomy and Physiology will be delivered on the Wednesday evening, (August 7th,) the Address on Medicine on the Thursday morning.

TAUNTON AND WEST SOMERSET MEDICAL ASSOCIATION.

The Annual Meeting of this Association was held at Taunton early in the month of June. Dr. Burridge, the President, in the chair. The Report of the Committee was read by Mr. Higgins, the Secretary to the Association, from which we make the following extract:—

"During the past year the only legislative movement which has taken place as respects the medical profession, has been the granting of a new, and certainly in many respects an improved, Charter or Constitution to the Royal College of Surgeons in England; and though your Committee cannot but regret that the Legislature should have taken this step, in defiance of and in disregard to the feelings and wishes of the great body of the profession that it should be delayed until the whole subject of Medical Reform should have received publicity and full discussion in Parliament, they yet feel that you have the less cause for dissatisfaction at this circumstance, inasmuch, as the new Charter is almost confined to the self-government of the College, leaving it as a licensing body just as it was—so that the principal question has not yet been disposed of, though in some slight degree pre-judged; and your Committee would therefore strongly and repeatedly urge upon you the great necessity there is at the present moment for harmony and union amongst the members of the profession generally, and especially amongst the individual members of particular Associations like your own—that by exhibiting to the legislature a united, and a determined, because united, though respectful front, we may force from them, sooner or later, a due attention to our many and just claims.

"Your Committee would, lastly, earnestly pray you never to lose sight of the paramount necessity of having for 'all practitioners a good, sufficient, and uniform education, both preliminary and professional, an equal legal recognition of all, and the enrolment of all in 'one great Corporate Institution,' with the adoption of the representative system in the formation of the governing bodies.'"

After the adoption of the report, the election of Dr. Macmullen, as President for the ensuing year, and the transaction of some other business connected with the proceedings of the day, the following discussion took place:—

Mr. H. Alford, said, two years ago, at the annual meeting, he proposed that the Association should be constituted a branch of the Provincial Medical and Surgical Association. Last year he was prevented from attending, and therefore he could not then bring the subject again before the Society; but he was of opinion that by making the Taunton and West Somerset Association a branch of the Provincial Association, the members of the former would retain all the advantages which they now enjoyed, as well as reap those benefits which must accrue from joining the larger society. The Provincial Medical and

Surgical Association had been established for twelve years; it published every year a volume of its Transactions, and it also published a weekly Journal. It had done a great deal to advance medical reform and to promote the general interests of the profession. The only increase in the expense to each member would be from twelve shillings, their present annual subscription, to a guinea, out of which their expenses would be allowed. In conclusion, Mr. Alford proposed that the Taunton and West Somerset Medical Association be constituted a branch of the Provincial Medical and Surgical Association.

Mr. Higgins having been in correspondence with Dr. Hastings, President of the Council of the Provincial Medical Association, had been informed by that gentleman that a sum not exceeding one-third of the guinea subscribed would be allowed for the expenses of the Taunton Branch.

Dr. Macmullen—And you get more than a guinea's worth in the books published.

Mr. Trevor seconded the motion proposed by Mr. Alford. It was his intention to have himself brought the subject before the meeting, not knowing that it had been mentioned on a former occasion. He had written to Dr. Streeten, Secretary of the Provincial Association, and requested him to state the circumstances under which the union could be made, and he (Mr. Trevor) was perfectly satisfied that it was advisable that the union should be carried into effect. He could not easily express the satisfaction he felt in knowing that they would still have the advantage of the services of their excellent secretary, Mr. Higgins, in preparing the reports and the general conduct of their own society. The meeting appeared to be so unanimous on the question that he would not occupy further time, more than to observe that for the guinea subscribed they would get a weekly Journal, a volume of Transactions, and their local expenses allowed. Mr. Trevor enumerated the names of many eminent medical gentlemen in this neighbourhood who are members of the Provincial Association, and observed that it was not improbable that the Council of that body might decide on holding one of their meetings in this town, in the event of a union being effected. He would second the resolution, and suggest also that a Committee, composed of four gentlemen—Messrs. Gillet, Macmullen, Higgins, and Alford—be formed, to communicate with the Provincial Association and report thereon.

Mr. Gillet observed that there was a difficulty with regard to those members who were absent and who might not wish to become members of the larger Association.

Mr. Randolph thought they would not be wanting in courtesy towards absentees, because they ought to have been present. He felt that they would be supporting the interests of the profession by becoming members of the Provincial Association, which comprised 1800 members.

Mr. Gillet certainly thought absent members were bound by the decisions come to at the annual meetings, but, objecting to any of those decisions, they might withdraw from the society, which would be a matter of much regret.

It was eventually resolved that a Committee be formed to enquire into the advantages and the practi-

cability of this Association becoming a branch of the Provincial Association, the results of such enquiry to be laid before a special general meeting of the members. The following gentlemen were named as the Committee:—Messrs. Macmullen, BurrIDGE, Higgins, Cornish, Gillet, H. Alford, and Standert—three to form a quorum.

EXHIBITION OF PHOSPHORUS INTERNALLY: CORONER'S INQUEST.

A case, which terminated fatally after the administration of repeated doses of phosphorus, and calling for inquiry in the Coroner's court, has lately occurred at Sheffield.

The patient, Joseph Shaw, was a child, ten years of age, who had had an attack of paralysis in the right leg when a year and a half old, and had long been in weak health. We proceed to give the evidence, as reported in the Sheffield Iris, of Mr. Rowbottom, who prescribed the phosphorus, and under whose care the boy had been placed, and of Mr. Reedal, the surgeon, who was called in when the child was in a dying state.

Mr. Palfreyman watched the case for Mr. Rowbottom, who, he said, was perfectly ready to answer any questions which the coroner or jury might think proper to put to him.

Mr. Rowbottom then made the following statement:—The father of Joseph Shaw called on me about the 10th of May, the first time, to enquire what could be done for the boy; I examined the lad; the father first told me that there were symptoms of paralysis on one side, and said the boy was altogether unwell, owing to the inactive condition of the right leg, which was paralysed—it was ordinary paralysis; I told the father I could not cure him, but could improve him, and establish his health; I said I would rather he would consult his friends and tell them I could not cure him, but improve him; he did so—and called again in about a week; he said he knew what I had done, and would put the boy under my care; I then gave a prescription, consisting of two ounces of compound tincture of guaiacum, half an ounce of assafoetida tincture, simple syrup, three ounces, to take two tea spoonfuls three times a day; the boy took it to May 18th; I then gave a pill of six grains of phosphorus, carbonate of potash ten grains, extract of gentian enough to make twenty more pills; phosphorus is very difficult to make into powder, and I instructed the druggist how to do it; the pills were to be taken one at night and one in the morning, for a day or two, and afterwards, if certain symptoms did not take place, then one pill three times a day; I saw the boy frequently; I ordered the leg to be sponged with best rum; the third solution on June 5th, was a saturated solution of phosphorus; he took the pills from May 18th to June 5th; then he took phosphorus liquor, consisting of sulphuric ether saturated with phosphorus; this was on June 5th; it was commonly called phosphoric ether—to take ten drops three times a day, in milk—to increase to thirty drops if sickness did not arise; he took that till the 10th of June; he had half a drachm; it was phosphorus half a drachm, olive oil one ounce and a half; nothing else essential—it was oil of burgamot about 20 drops, merely to scent the mixture; that phosphorus was not dissolved; the

father came to me that night, and the boy was improving to that period in every respect—appetite much better, much more active and lively, in fact, he said the boy was surprisingly better. I said “it is very unfortunate that the medicine your son has been taking is not kept by the druggists in Sheffield, and I was out of it—though I generally had some by me.” I had a great demand for it; I said it was a pity, as the boy was improving, that he should stop—but the only difference between that and what he would have, was that it would require more care in the administering; I said the mixtures you will now have will require fourteen or twenty days to dissolve the solid phosphorus, and it would be a pity to waste that time, as the boy would lose time; I said what you will now have will contain a small portion of solid phosphorus in solution, and to produce the effects he had previously experienced, he must take eighteen drops in milk four times a day—and telling him that the medicine would get stronger every day; he was to diminish two drops every dose, and to keep diminishing till I saw him again; I tried several experiments to show him that the solid phosphorus was very inflammable, and all that was required was not to shake the bottle, but to keep it in a jar or jug quite still, and to drop the dose from the floating liquid, without disturbing it in the least. I repeated my directions to diminish the dose; I did not see the boy on giving the last prescription; I gave the direction as to taking on every occasion of prescribing—and told the father that as soon as the child began to be the least squeamish to stop the medicine till he saw me; I prescribed on the 10th of June, and again on the 12th or 13th of the same month. On the latter day, the father said the boy was very ill, and he did not like his appearance, and begged I would come and see him; when I saw him he was inclined to vomit; I was fully aware of what was probable, and ordered calcined magnesia; I considered that if the medicine had been the cause, *ordinary combustion might be going on*—that combustion arises from the phosphorus uniting with the oxygen of the air; I ordered the best magnesia, or what is commonly called calcined magnesia. The boy appeared better, but the father obtained an ordinary pennyworth of common magnesia; the boy said he had a pain in the stomach, but each day he was much better, and I ordered him to continue the magnesia—and took the father to the druggist's, and got a mixture of olive oil and simple syrup at Mr. Moorwood's. He was to take a teaspoonful as often as he would take it; up to the evening of the 19th I told the father that the boy was improving; that was the night but one before his death. The father got, on his own authority, some common magnesia, though I told him to repeat the same medicine. I found the symptoms that had been abating resuming—and said, “has he had the same magnesia?” and he replied, “the druggist said the common magnesia was better and cheaper, and there was no necessity for the best.” I said, “*what the devil did you let the druggist interfere for?*” I again explained to him that the best magnesia had a powerful affinity for the product of what might be going on, if the medicine I had prescribed had been taken; I explained that the common magnesia had not that affinity, and would not have the same effect, and I considered that the best magnesia

not having been given was the cause of the previous symptoms returning. I told him to get some of the best magnesia, or calcined; I ordered, at the same time, some lozenges to be made of magnesia, gum, and syrup, for the boy to suck; that was on the evening of the 15th; I told the father to let me know how the child was the next evening. The father then came and said he was worse, and I found him on the 19th worse, and said there was a very unfavourable turn had taken place, and that I believed that nothing could be done to save his child. The father asked if any one else should be called in, and I said I would see the child and tell him. I said you had better call some one else in, as you have expressed a desire to do so. After considering a little, he said he would call in Mr. Reedal, and asked me if I would wait till Mr. Reedal came down; I said, “Yes.” The father went off, but I thought Mr. Reedal might be some time, and I knocked at the chamber window, and called Shaw back, and he got into my carriage and I drove him up to Mr. Reedal's door. Mr. Reedal was not at home, but the father remained there. I went away to other engagements. The child died the next morning. I may state that I promised the father I would go again, but did not go down. There is no question that I prescribed phosphorus.

In reply to a question by the coroner, Mr. Palfreyman said he would admit, though his client could not do it, that he *had not passed the College of Surgeons*, on account of the great expense of it; but that he would soon do so now that he was better off, and was ready now to be examined by any medical man in that room. He could not practice without the above examination *unless he had been in practice before the year 1815*.

Mr. Rowbottom continued—I am quite aware of the nature of phosphorus, and the reason that it is not more used is the difficulty of administering it. I have given it in hundreds of cases with almost miraculous effect.

The foreman said there should be a label on the bottle, giving the directions as to the quantity to be taken.

Mr. Reedal, surgeon, sworn—I was called in on Wednesday, the 19th, at nine, p.m., to see Joseph Shaw, at his father's house in Spring-street, and found him in a state of stupor, perfectly insensible, with violent convulsions, quick breathing, and increased action of the heart, quick palpitation, pulse quick and small—from 140 to 150 per minute; in my opinion the boy appeared to be dying—rapidly sinking: I told his friends that he would not live many hours, in my opinion, and desired them to let me see the medicine he had been taking; either the father or mother took it from the cupboard, and I found it was a little syrup and oil. I ordered his hair to be taken off, and mustard poultices to be applied to the calf of each leg, and told the father to come up with me and I would send him a little medicine; I did so, and I ordered him some mercurial powders, with a little saline mixture; to give a powder every six hours, and a table-spoonful of the medicine every three hours; I did not see the boy again alive; the father called on me next morning, the 20th; I was not then aware of the nature of the medicine that the boy had been taking; the father brought a bottle up to my surgery, and I found that the bottle contained phosphorus. The father wished to have an

inquest, and I told him if he thought the child had been mal-treated, or medicine administered of an improper kind—

Mr. Palfreyman objected to this being stated.

Witness continued—I kept the bottle; it has been in my custody ever since, except an hour at the chemists.

The Coroner cautioned Mr. Reedal that the bottle ought not to have gone out of his own hands; but to have been sealed up, if there was any suspicion that it was the cause of death to any one.

Witness continued—I cannot swear that it is the same bottle; but I can swear that the one I saw contained phosphorus; it was given to Mr. Moorwood, in West-bar, druggist; he ran it through a filtering paper, but not in my presence; it was out of my presence for an hour. On examining the body externally, I found nothing unnatural; some slight marks of decomposition; the brain and external membrane natural. The dura mater being removed, the veins on the surface of the brain were considerably congested. On cutting into the substance of the brain, the bloody points were not more numerous than natural; the floor of the lateral ventricles was of a bright red colour, the redness extending into the anterior and posterior cornua on both sides; the fornix and corpora striata, much softened; no effusion into the ventricles; the inferior surface of the posterior lobe of the right hemisphere, very much congested, and of a deep red colour. On the left hemisphere, the vessels were very much congested; the vessels of the cerebellum very much congested, particularly on the left side; congestion at the commencement of the medulla oblongata. The tongue rather larger than natural, discoloured externally. Nothing unnatural in the trachea. On examining the chest, I found on the left side about three ounces of dark sero-sanguineous fluid; about the same quantity of similar fluid on the right side. The pleura costalis of a bright red, though natural; on incising the right lung the inner portion was much congested, of a red vermilion hue, with slight crepitation; the upper lobe congested and of a dark olive colour; the left lung, the upper portion, a little emphysematous, and the whole darker than natural. Pericardium contained a small quantity of fluid similar to that found in the chest; the lining membrane of the heart red and more injected than natural, also the aorta. Stomach:—The anterior surface injected of a bright vermilion colour extending to the muscular coat; the posterior surface dark, not much congested. On cutting into the stomach there was found about two ounces of fluid like coffee grounds, impacted in mucus about two inches below the cardiac extremity; two ulcers in the mucous membrane were found, but could not say whether they were made before or after death; at the pyloric extremity the mucous membrane softened; the duodenum healthy, and contained a similar dark fluid to the stomach; the small intestines continued healthy to the cæcum; here at the commencement of the valve we found considerable inflammation extending through the whole portion of the colon; the large intestines not contracted, but highly inflamed with thickening; kidneys healthy; spleen not examined; liver pretty healthy, but yellower than natural in the right lobe; bladder distended, but nothing unnatural internally; no gangrenous inflammation;

on examining the œsophagus, the upper portion healthy; about *two-thirds down found a dark streak* about an inch and a half in length; at the lower extremity there were *two or three patches of inflammation* just at the termination of the stomach; having seen the child, and made a post-mortem examination with Mr. S. Parker, in the presence of Dr. Favell, Mr. Henry Jackson, Mr. Wm. Jackson, Mr. Palfreyman, and Mr. Henry Payne, I attribute the death of the child to inflammation of the large bowels, the cæcum and colon, combined with inflammation of the brain; but whether arising from natural causes, or from repeated doses of phosphorus, I cannot say; I think there is every probability that though it was eight days since the last phosphorus was taken, that might have been the cause, or it might have arisen from other causes than the exhibition of phosphorus—such for instance as from any other acrid poison.

The Coroner briefly addressed the jury, stating that after the evidence of Mr. Reedal, there could be no charge against Mr. Rowbottom; and with their permission he would record the verdict, that the deceased met his death from inflammation of the bowels and brain, but whether arising from natural causes, or otherwise, is to the jury unknown.

The jury returned a verdict accordingly.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am instructed by the Medical Board of this Institution to convey to you the enclosed, which they will feel obliged by your inserting in your Journal at your earliest convenience.

I am, Sir,

Your obedient servant,

C. G. HILL,

SECRETARY.

Gloucester Infirmary, June 10, 1844.

GLOUCESTER INFIRMARY.

MEDICAL BOARD, JUNE 10, 1844.

PRESENT:

Dr. Evans,
Dr. Fletcher,
Mr. Fletcher,

Mr. Buchanan.
Mr. Wood.

The Medical Board feel it imperative on them to efface from the minds of their medical brethren and others, such impressions as it is possible have been left after reading Mr. Wilton's statements at the last Special General Meeting of the Gloucestershire Medical and Surgical Association.

With regard to the first permission granted by the Weekly Board for a Committee of the Association to assemble at the Infirmary on the 2nd of November, (and of this no minute was made in the Infirmary Minute Book,) and the desire which Mr. Wilton here shows of conveying to the minds of his readers the belief that from the 2nd of November to the 15th of February, his colleagues were aware of the intention to hold occasional meetings at the Infirmary, a circular was issued after this meeting, giving to all medical men in the county information that such a meeting had been held, and explaining the objects of the Associa-

tion; but in it no mention was made of any future projected meeting at the Gloucester Hospital. The concluding sentence of the circular runs thus—"It is proposed that the meetings should be held in the evening at Gloucester and Cheltenham, and perhaps one or other of the chief towns in the county."

In the succeeding paragraph, Mr. Wilton says—"On that day, (4th January,) after the plan of holding their meetings at the Gloucester and Cheltenham Hospitals had been finally arranged," at his suggestion the Secretary wrote to request the three (of his colleagues?) who were not members, to favour them by attending the second meeting on the 15th February. The Secretary did write but to two of Mr. Wilton's colleagues on the morning of the 15th, the day appointed for the meeting; to the third, the evening before. Are the Medical Board to infer that the suggestion was offered on the 4th of January? Mr. Wilton asks, after speaking of his efforts to soothe his colleagues, "How can it be said, or where is the evidence, that I carried on any course to expose my colleagues to a charge, justly or unjustly, of a want of generous feeling?"

They reply, why did he compel them to appeal to the Weekly Board after their urgent entreaty that he would oblige them, to save them from this disagreeable proceeding, by making application himself? Surely he might have shown more regard for the wishes of his five colleagues! How could he, in his attempts to soothe, expect them to yield to him in a matter respecting which they were unanimous? The issue has been the exposure of his colleagues to unjust charges, founded upon his own mis-statements, and passed with his sanction.

As regards the voting, Mr. Wilton says, "At the first meeting the five medical officers attended with their written request to the Board to suspend the privilege which had been granted to us," to "him," he should have said. How, as he asserts, governors who were present believed them to have voted, is rather obscure, since the votes were taken by show of hands, and not a hand of his five colleagues was uplifted. Moreover, the secretary affirms that he told Mr. Wilton, previously to any of Mr. Wilton's public assertions, that the five medical officers did not vote. The Medical Board have his authority for making this statement. It is clearly not customary to record neuters.

The Medical Board take this opportunity to say, that they certainly felt no hostility towards the Association, and had Mr. Wilton, at the outset, yielded to their solicitations, and arrangements could have been made for the reception of the Society on such a footing as should have pleased all parties, the result might have been very different.

The Medical Board decline to notice the resolutions passed after Mr. Wilton vacated the chair, and having, as they consider, sufficiently explained their proceedings, intend this communication to be final.

The preceding statement has been delayed in consequence of our being unable to find room for it before. It is now inserted on the principle of allowing each party equal advantages in being heard; but the question has so entirely assumed the character of a private misunderstanding among the medical officers of the

Gloucester Infirmary, that we cannot again occupy our columns with the subject. To say the most of it, Mr. Wilton appears only to have committed an inadvertence, and whether or no these gentlemen were justified on such a ground, in pursuing a line of conduct which eventually deprived a highly intelligent body of professional brethren of the advantage of holding their meetings for the cultivation of medical science, in the halls of a medical institution, our readers are now in a condition to judge for themselves. *Non nostrum tantas componere lites.*

BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As an important motion relating to the Benevolent Fund is about to be submitted to the Association at their anniversary meeting at Northampton, I trust I may be pardoned for trespassing shortly on your space, and the time and attention of the readers of your valuable journal.

It will be for the Association to decide as to the propriety of adopting the proposition of Dr. Cowan; it is one on which opinion seems much divided; any measure that can be devised, and meet with general approval for increasing the means at the disposal of the Central Committee of the Benevolent Fund, will be very acceptable to them, and they will cheerfully acquiesce in the decision of the Association, and do their best as heretofore to carry out the objects for which the fund was established. But it would appear from several communications which have been addressed to you during the past year, that the *constitution* and objects of the fund are not generally understood by the members, notwithstanding the free circulation of their rules, regulations, and reports. The Benevolent Fund of the Association appears to be confounded, in the minds of many, with the *local* Societies, in many parts of England, being a similar appellation, but from all of which it differs in many material points. This misconception is perhaps to be accounted for by the circumstance that it has generally happened, that when the annual report of the central committee has been read at the anniversary meetings, the time allowed for its discussion has been very short; and even that short period last year was consumed for the most part in listening to the history and objects of a very valuable and well-managed *local* charity, but one with which the Association has nothing whatever to do; at the same time remarks were made, and some complaints uttered respecting our own fund, to which no opportunity of reply was afforded.

The report to be presented at the approaching meeting will, I trust, be satisfactory to the contributors. I hope to be present, and shall be too happy to afford any explanation on the subject of the management of the fund that may be desired.

Amongst the letters addressed to you during the past year on this subject, there were two from Dr. Inglis, of Halifax. In the first, which appeared in the Journal of January 20th, he complains, that notwithstanding Dr. Cowan has given notice of his motion,

yet, that numerous letters relating to it are addressed to you. Now, on carefully looking over the *Journal* since our last anniversary meeting at Leeds, up to the 20th of January, I find only *two* communications having any reference to the benevolent fund—viz., one from that zealous friend of the charity, Mr. Newnham, of Farnham, on the subject of a Mutual Assurance Society, and in which the benevolent fund is only incidentally mentioned; and another from Mr. Lee, respecting his suggestion of last year, which is similar to that of Dr. Cowan, but not to the same extent. Dr. Inglis quite mistakes the object of the Benevolent Fund of the Association. It was never intended to interfere with local Benevolent Societies, and it has no affinity with them. Its object is *universal*, and its benefits are not confined to any particular county or district, nor to subscribers and their families, but extend to *all* regular practitioners in distress and possessing a good moral character. I confess I am of opinion that *one general* fund for the whole profession would be more likely to meet with support than the county Societies recommended by Dr. Inglis, and would certainly be equally efficacious in affording relief. So far from the establishment of the benevolent fund being an "after growth" of the Association, as Dr. Inglis supposes, it was suggested by the writer of this letter to our excellent founder, before the first meeting of the Association took place, and was formally brought forward and proposed by Dr. Baron, at the second meeting of the Association at Bristol, in 1833. A committee was then appointed, but it was not until 1835 that the measure was finally adopted and organized. By many it is thought (and by myself amongst the number) the brightest jewel in the crown of the Association; and I trust and believe it will form a lasting memorial, along with many others, of the noble designs and successful labours of the Provincial Association.

I am, Sir,

Your very obedient servant,

WILLIAM CONOLLY,
Honorary Secretary and Treasurer to the
Benevolent Fund.

Castleton House, near Cheltenham,
July 19, 1844.

RETROSPECT.

RADICAL CURE OF HYDROCELE.

The following operation for the radical cure of hydrocele is practised and recommended by Dr. W. H. Porter, the Professor of Surgery to the Royal College of Surgeons, Ireland:—

Dissatisfied with the results of the usual operation practised for the cure of hydrocele by injection, Dr. Porter was induced to make trial of other methods, and, after the experience of several years, has adopted the one the description of which we now proceed to quote. This operation, is partly that by incision, the only difference being, that, instead of dividing the tunica vaginalis in the entire extent of the tumour, the incision extends only from an inch to an inch and a half in length, and partly that by the tent. Having first punctured the tumour in order to examine the state of the parts, and satisfy himself that it is a case in which an attempt to cure the disease radically,

may be safely made, or at least in which such attempt would be justifiable, Dr. Porter allows the sac to fill again. When the disease has re-appeared, and the tunica vaginalis is as much distended as it previously had been, Dr. Porter performs the operation in the following manner:—The scrotum being shaved, an incision is made of the length above-mentioned down to the tunica vaginalis, and the part carefully examined to ascertain whether any vessel has been wounded which could possibly furnish a considerable quantity of blood. He then passes a bistoury into the tunica vaginalis at one extremity of the incision, out at the other, and divides it by a rapid withdrawal of the instrument; a tent of rolled lint, moistened with oil, and secured with a ligature, so as to be easily withdrawn, is introduced, and the operation is then completed, the patient being placed in bed. On the succeeding day Dr. Porter generally takes from ten to fourteen ounces of blood from the arm, especially if the scrotum is red and shows a tendency to inflammation. The tent is left to become loose, and drop out of itself, which usually takes place on the third or fourth day, and need not be replaced; but it is desirable to break up any adhesions that may be formed between the lips of the wound, and to introduce the finger occasionally into the cavity of the tunica vaginalis until the sixth, after which it may be treated with light superficial dressing, and the cure is generally perfect in about three weeks.

Dr. Porter informs us that he was at first in the habit of plunging the bistoury at once into the tumour, and completing the incision to the requisite extent, by making it cut its way outwards rapidly and at once. The objections to this method, however, are, that in some instances the fluid becomes extensively infiltrated in the cellular tissue, and in one case he found that considerable hæmorrhage from the division of a tolerably-sized vessel in the scrotum took place into the sac, giving rise to severe and troublesome after-consequences.

The operation, as now recommended, is described to be scarcely more painful than the ordinary puncture by a trochar, and, if carefully performed, free from the possible occurrence of any untoward accident; it is decidedly more exempt than that by injection from inflammation and suppuration of the cavity, with all its unpleasant consequences, and the cure is perfected much more rapidly than by other modes of radical treatment.—*Dublin Journal of Medical Science.*

VEGETABLE ACIDS IN ACIDITY OF THE STOMACH.

Dr. Tracy, of Ohio, makes the following remarks on vegetable acids as correctives of acidity of the stomach:—My experience with the vegetable acids, as correctives of acidity, especially for the last two years, has been considerable. I have prescribed them in a large number of cases, and in nearly all with very decided benefit; some few of which may not be unworthy of a brief recital. During the summer of 1841, I was myself the subject of repeated and severe attacks of catarrhal inflammation of the eyelids, which uniformly yielded to the usual treatment in the course of from three to six days. I observed that they always succeeded to irregularities of diet and regimen, or to anxiety of mind, and were accompanied by acidity of stomach. This I attempted to correct by the early and free use of soda, but in vain; it had but a very

slight and temporary effect. As these attacks became more and more frequent, I observed that they were preceded by a sense of fullness and oppression in the præcordia. I had for months abstained from the use of acids, under the impression that they were not suited to my state of health, but having received no benefit from soda, I was induced to take a glass of lemonade, at the first commencement of the attack, and almost instantly I experienced very copious eructations of gas, together with much alleviation of my feelings of distress. The remedy was again and again repeated, and the threatened ophthalmic attack effectually prevented. I have since resorted to my bottle of lemon-syrup whenever threatened with a recurrence of the complaint, and uniformly with complete success; all the symptoms being removed in the course of a short time. I have from the time above mentioned to the present, (June, 1843,) made a free use of acids, and have not experienced a single recurrence of ophthalmia, and very few indeed of pyrosis.

Mrs. P., aged 60, some two years since, called on me for professional advice. She had a complication of functional derangements. For years she had suffered severely from attacks of pyrosis. Of late, they had become more frequent, and more severe; she suffered every three or four days from this cause, accompanied always with indigestion. I prescribed the use of vegetable acids. She took a little lemon juice with benefit, and then commenced eating vinegar with her food, which speedily removed all her trouble from this cause.

Miss U., aged 19, had always enjoyed very comfortable health, with the exception of attacks of indigestion occurring every few weeks at irregular intervals. These were attended with headache, and a distressing sensation at the stomach, followed by acidity. She was usually on these occasions confined to her bed for two or three days, and their frequency had been gradually increasing for two or three years. Some two years since I was called to see her. I prescribed the use of vinegar and water, sweetened to suit the taste. This proved a perfect cure.

The following was handed me, at my request, by one of the students at W. R. College, a few days since:—

"I am 25 years of age; about seven years since I exchanged an active for a sedentary life, and was soon after attacked with dyspepsia, which has not since ceased to afflict me. I have tried various remedies to little purpose. About two years since I began to be troubled with a sour stomach, and its frequency increased until I usually had it two or three times a week. My digestive organs were, of course, in a miserable condition. Scarcely anything would digest, and I was usually obliged to procure evacuations by physic. About six months since, at Dr. Tracy's suggestion, I commenced the use of acids, particularly vinegar. My health, from that time, has continued to improve. I think I have not once been troubled with a sour stomach since I began the use of acids; my bowels move with regularity, and my youth seems renewed. Other causes may have contributed, in a measure, to the result which I have mentioned, but I attribute them chiefly, if not entirely, to the use of acids."

I might cite many other cases, but it is unnecessary. I have found vegetable acids uniformly and entirely

successful in removing the disposition to attacks of acidity of stomach, in persons who, during the intervals of such attacks, were free from all such symptoms, and my impression is, that in all such cases they can be relied upon with more confidence than any other remedy. In cases of acidity, arising from pregnancy, I have found the sub-acid fruits of great service, while those that were tart could not be borne, and where mineral acids were decidedly injurious, and where alkalies or absorbents were of little or no avail.—*American Journal of the Medical Sciences.*

MANAGEMENT OF IDIOTS.

M. Ed. Seguin has just written a work, in which he makes the following important remarks:—

By gymnastic exercises, properly and suitably regulated, the muscular system is strengthened; by mechanical excitation the voluntary muscles of the limbs, the trunk, and face, are exercised; by the dumb bells and the balancing pole both halves of the body are regulated in their forces, which creates an uprightness in standing, walking, &c.; by the exercise of the senses, the subject is placed in precise and rapid communication with himself and the external world; he is disposed to intellectual life by the study of notions, and notions lead to reconnected ideas; by talking, by reading, and writing, he is made to enter upon abstract questions, when numbers and morals give him the feeling of relations which he should establish with his equals. Many children, abandoned as idiots, may be thus far conducted; but no doubt a certain number of them can never go beyond the limits which separate notions from ideas, or connected from abstract ideas. There is still a small number in whom education can only modify the most repulsive habits, especially those in whom idiocy is complicated with epilepsy, paralysis, rachitis, &c. For the same reason that there are incurable diseases, we must also recognize cases of idiocy resisting almost all possible means of education. But that is no reason for abandoning without exception all idiots to the deplorable state in which we find them. The time is come to do something for these poor creatures analogous to that which is practised in the numerous schools for the deaf and dumb.

These are sound principles, and experience has proved that they may be successfully put in practice. It is very desirable that they should be carried out upon a large scale, and meet with approbation and support from the general public.—*Gazette Medicale de Paris.*

STATE OF HEALTH IN TOBACCO MANUFACTORIES.

M. Siméon has recently published a report on the health of the workmen employed in the manipulation of tobacco, which is not wanting in interest, and completely confirms observations previously made on the same subject. It would appear that the fabrication of tobacco not only does not exercise any unfavourable influence on the health of the workmen engaged in it, but has in some cases even a preservative action. We must however say that the facts related to prove this latter proposition, are of but little value, and may be reduced to the following. At Morlaix, where a dysentery existed epidemically for two months, few of the tobacco workmen were affected with it, and those in whom it broke out were men of constitutions injured by excesses. At Lyons, where typhus is common, it is rare in those engaged in the manufactory; at Tonneins, were

malaria prevailed almost generally, the workmen were exempt from it; lastly, if we may believe M. Siméon, phthisis itself is less frequent, and less rapid in its progress among this class of people than among the rest of the population.

Before adopting these conclusions, there is a very important point to decide, whether the people employed in the tobacco manufactories are not in a much better condition as regards regularity, work, and wages, than the greater part of the rest of the population. This, in our opinion, is the true cause of the superiority of the classes employed by Government.* When the other classes are placed in analogous conditions, analogous results will be obtained.—*Gazette Medicale de Paris*.

NEW METHOD OF OPERATING FOR HARE-LIP.

It has been recently remarked, but it is not the less just on that account, that the most successful operations for hare-lip constantly leave behind a very ungraceful and inelegant furrow upon the free margin of the lip. M. Malgaigne has lately discovered a method, which in this respect appears more advantageous than any other.

He commences the incision at the superior part of the lip, and performs it from above downwards, employing scissors in the same manner as in the ordinary operations, only when he is arrived as low as possible, without detaching the cut piece, he stops. The same plan is followed on the other side of the labial fissure. There are then two small flaps which are adherent to the lip by a pedicle. After having re-united, by the aid of pins, the two margins of the cleft, in their whole extent, except towards their free border, (that is towards the bottom,) these flaps are brought from above downwards, and approximated face to face. The operator then judging of the length which it will be proper to leave them, in order to prevent the furrow which is afterwards so much to be dreaded in this point, shortens and finishes them as he thinks fit, preserving a piece varying in size according to the extent of vacuum which he has to fill. Union is afterwards effected by approximating them with one or two interrupted sutures, or with a fine insect-pin. If care is taken to place these uniting agents very near the free margin of the lip, the cicatrices will be scarcely visible.—*Gazette Médicale de Paris*.

HYDRO-CHLORATE OF AMMONIA.

In the medical treatment of pleurisy, and in sub-acute inflammation of the lungs, and congestions of the mucous membrane, Sir George Lefevre states that he has availed himself very satisfactorily of a German remedy, which is almost universally employed in such cases, the hydro-chlorate of ammonia. In English practice it has generally been confined to external use, but by the Germans it is employed in a great variety of internal complaints, and occupies in part the place of the nitrate of potass. Its employment is confined to sub-acute affections, congestive states of the mucous membrane of the bronchia, and chronic affections of the serous membrane; where inflammation runs very high the nitrates of potass and soda are preferred.

* The tobacco manufactories in France, like many other similar establishments, are supported by Government, and M. Simeon is their Director-General.—Ed.

Hydro-chlorate of ammonia has no very decided action on the system, although it sometimes stimulates the kidneys; but it is considered to be deobstruent, and to unload the vessels gradually, so that convalescence is achieved without any critical evacuation. It relieves thirst, and the tongue gets unloaded under its use. It has certainly a decided action on the mucous membrane generally, and is useful in old coughs, accompanied by gastric derangement. The combination of hydro-chlorate of ammonia, with tartarized antimony, is regarded by Sir George Lefevre as a valuable mode of administering this remedy. The following is the form usually employed:—

Hydro-chlorate of ammonia	1 drachm.
Extract of liquorice	3 drachms.
Tartarized antimony	2 grains.
Distilled water	8 ounces.

A large table-spoonful of this mixture is administered every two hours. The antimony forms no inconsiderable part in the operation. When its nauseating effects have made sufficient impression upon the disease, it may be withdrawn, and the hydro-chlorate continued by itself. In many cases the latter only is administered. Stomach coughs are greatly benefitted by it; when the tongue is loaded, it cleans rapidly under its use. A variety of affections of the mucous membrane, sore throats, enlarged tonsils, relaxation of the uvula, &c., feel its influence.—*Thermal Comfort, &c. By Sir George Lefevre*.

We may add that this remedy is also much employed by the German physicians, in diseases of the liver, and is considered by them to exercise in many instances the same influence over that organ as preparations of mercury.

DEATH FROM AN OVER-DOSE OF NITRATE OF POTASS.

An inquest has been lately held at Manchester, before Mr. Hudson, the Coroner, on the body of William Ellison, aged about 60, who met his death under the following circumstances:—

The deceased came originally from Runcorn, but had resided in the vicinity where he died, a number of years. He was in very indigent circumstances, getting his living by labourer's work. He had a sister and cousin residing in the town, by whom he was occasionally visited, but was generally regarded as a man of taciturn, reserved disposition, and held little communication with any body. For some time he had been troubled with scurvy, which affected his eyes, and he at length determined to get something to cure him of that disorder. He got a three-gill bottle from his cousin, three parts filled with water, and went with it to a druggist, whose assistant, at the request of the deceased, put into it one ounce of sulphur, two ounces of saltpetre, and half an ounce of cream of tartar. All these were put into the bottle, and mixed up together, the different witnesses understanding from the deceased, that the mixture was to stand in solution for three days, and then a portion of it might be taken; but none of them knew how much.

This mixture had been recommended by a woman, who had found it efficacious in a similar case. On one of the following mornings the deceased was observed

by the neighbours, residing in the same yard, to go to the necessary several times; indeed, he was described as constantly running to and from that place; but no one appeared to take particular notice, not liking to interfere in his affairs. At half-past eleven o'clock, a groan was heard proceeding from the necessary; but the deceased came out again, apparently very ill. At one o'clock, he was observed to re-enter, and not coming out for half an hour, the neighbours began to confer with each other, and on one of them going in to see what he was doing, the deceased was found crouched down in one corner quite dead. It was proved in evidence, that up to that morning he had been in perfect health, and had been following his ordinary occupation; that he was, in fact, a hale old man, and with the exception of a slight touch of scurvy, was not subject to any disorder which would at all account for his sudden demise; the attention of the jury was, therefore, very naturally directed to the composition of the mixture which he was said to have taken, and to the effects which the ingredients of that compound would be likely to have upon his system. The remainder of the mixture, not more than half a gill, was introduced, and Mr. John Rayner, surgeon, sent for, and all the previous facts of the case having been recited to him by the coroner, Mr. Rayner at once concluded that the death of the deceased had been caused by an overdose of the saltpetre, which had produced inflammation of the mucous membrane of the stomach and bowels, under which the deceased had sunk.

The quantity of saltpetre swallowed by the poor man was calculated at about ten drachms, and the jury at once returned a verdict:—"Died from an overdose of saltpetre incautiously taken." The druggist's apprentice was reprimanded by the coroner for selling the mixture without giving information as to the properties of its ingredients.

POOR-LAW MEDICAL RELIEF.

A few weeks ago a girl, about sixteen years of age, applied for advice to a respectable surgeon of Wakefield, being affected with psoriasis. Thinking that a short stay at Harrogate or Askern would be of great service to her, he told her to apply to the relieving officer of the parish for funds. The girl did as she was bid, but instead of following the suggestion of the medical gentleman, the sagacious functionary thought he would obtain another opinion, and sent her with a note to an old woman in the village who is in the habit of selling ointment for various diseases. The girl had the good sense not to go, but brought the note to the surgeon whose advice she had at first taken. The following is a literal copy of the note in question:

"Mrs. Clayton will please to examine the bearer's case of scurvy, and send an answer whether she can make a cure or not.

"From yours respectfully,

"John Boston.

"Wakefield, May 22, 1844."

It is to such men that the poor are often obliged to submit their claims for medical relief, and that the medical officers of unions are obliged to bend. Is it surprising that a system founded on so faulty a basis should work so indifferently?—*Lancet*.

MEDICAL REORM.

HOUSE OF COMMONS, JULY 19TH.

Mr. P. Howard wished to know if the Right Hon. Baronet intended to bring forward any measure for the regulation of the medical profession?

Sir J. Graham said, he had stated some time ago that he wished, with the permission of the House, to bring in a bill for the regulation of the medical profession throughout the United Kingdom. If the House would give him leave he would shortly lay the bill on the table, but he did not wish that it should go further than a second reading.

MEDICAL INTELLIGENCE.

Sir Benjamin Collins Brodie, Bart., has been elected President of the Royal College of Surgeons, and Samuel Cooper, Esq., and William Lawrence, Esq., Vice-Presidents for the ensuing year.

A notice has appeared in the *London Gazette*, that a meeting of the Fellows of the College of Surgeons will be held at the Hall of the College, on Wednesday, the 31st instant, at three o'clock in the afternoon, to elect three additional Members of the Council, in pursuance of the provisions of the New Charter.

William B. Carpenter, M.D., F.R.S., has been elected Fullerian Professor of Physiology to the Royal Institution of Great Britain.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, July 19th, 1844:—W. H. Snape; W. Browne; J. S. Green; J. Lowry; H. S. Palmer; E. W. Woodcock; F. Berrington; E. B. Bowman; P. Pemell; F. I. Morgan; J. Postgate; C. M. Aldridge.

OBITUARY.

At Carlisle, on the 9th instant, aged 34, William Elliot, M.D. To professional attainments of a high order, he added unwearied zeal in the pursuit of science. He was an able, judicious, and humane practitioner. In all the relations of private life he was truly exemplary, and his early removal from a sphere of great honour and usefulness will be long and sincerely deplored.

BOOK RECEIVED.

Lectures on Electricity, comprising Galvanism, Magnetism, Electro-Magnetism, Magneto, and Thermo-Electricity. By Henry M. Noad, author of "Lectures on Chemistry," &c. A new and greatly enlarged edition. Illustrated by nearly three hundred wood cuts. London: Knight and Sons. 1844. 8vo. pp. 457.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Members of the Provincial Medical and Surgical Association are informed that the Twelfth Anniversary Meeting of the Association will be held at Northampton, on Wednesday, the 7th, and Thursday, the 8th of August next.

The First General Meeting of the Association will be held in the County Hall, on Wednesday, August the 7th, and the President of the Council, Dr. Hastings, will resign the chair at one o'clock to A. Robertson, M.D., F.R.S., the President-Elect, who will then address the Meeting; after which the Report of the Council will be read by the Secretary, cases will be read, and other necessary business will be transacted.

On Wednesday evening, at eight P.M., the Members will again assemble at the same place, when the Retrospective Address on Anatomy and Physiology will be delivered by Dr. W. Budd, of Bristol, and Members will have an opportunity of reading cases or other short communications.

On Thursday morning, at nine o'clock, the Members of the Association and their friends will breakfast together at the Angel Hotel; for which breakfast tickets, at 2s. 6d. each, may be procured.

At twelve o'clock the same day a General Meeting of the Members will again be held in the County Hall, when the Retrospective Address on Medicine will be delivered by Dr. Cowan, of Reading, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together at the George Hotel; to the Dinner the admission will be by Ticket of 8s. 6d. each; and for this sum Dinner, Dessert, and Coffee will be provided, but Wine is not included.

Members are requested, on arriving at Northampton, to repair to the County Hall, where James Mash, Esq., Secretary, and other Members of the Local Council, will be in attendance to give every necessary information as to the progress of business, so as to obviate confusion. Tickets for the Breakfast and Dinner may also be procured of these gentlemen, and the members and visitors are requested to enter their names and address in a book which will be there provided.

It is requested that those members who purpose to honour the Association with their company, either at Breakfast or Dinner, will signify their intention to Mr. Mash, on or before Friday, the 2d of August; such notice being extremely desirable to insure adequate preparations being made.

Members intending to read cases or papers to the Meeting, will be good enough to intimate their intention, either to the President or the Secretary, on or before the 29th of July.

The Secretary will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The attention of the Members of the Association is particularly called to the great additional expense now entailed upon the funds of the Society. By the arrangement which was made at the Anniversary Meeting at York, the Members have, since that time, in addition to the Annual Volume of the Transactions, been supplied weekly with the Provincial Medical and Surgical Journal, and by this arrangement they are receiving both these publications for little more than half the sum which is paid for a weekly periodical. It is therefore rendered very important that Members should be punctual in the payment of their Subscriptions, and also endeavour to increase the funds of the Association by enlisting new Members. Members will much promote the objects of the Association by making its advantages known among their medical friends and acquaintance.

. The Members of the Association and gentlemen intending to be present at the Meeting will bear in mind, that Blisworth, on the London and Birmingham railroad, is the Northampton station. Among the hotels recommended for their accommodations, are the George, the Angel, and the Goat.

TO CORRESPONDENTS.

Communications have been received from Dr. Black; Mr. Richard Chapman; Mr. Addison; Mr. J. Williams, of Abergyle; and Mr. Wardleworth.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS OF THE THIRD ANNIVERSARY OF THE READING PATHO- LOGICAL SOCIETY.

By ISAAC HARRINSON, Esq., Surgeon to the
Dispensary, Reading.

(Concluded from page 248.)

ABDOMINAL VISCERA.

10. Mr. F. A. Bulley. The stomach of a man supposed to have died from the effects of oxalic acid. It contained four ounces of dark bloody fluid; the œsophagus was inflamed. He promised a paper on the subject.

11. Mr. May. A portion of intestine taken from a man, aged 77, who died from strangulated hernia on the fifth day. He was found in a state of collapse, and no operation was justifiable. On inspection one half of the cylinder of the ileum was strangulated, sphacelated, but without inflammation. He had had no pain except a little at the umbilicus the first day. Mr. May then said that pain was not a symptom to be relied on in hernia, though generally considered diagnostic. Two cases had occurred to him where the hernia became strangulated and death followed, without the patients having had any pain in the tumour. He thought the true surgical rule was, where there was tumour at some of the ordinary places of rupture, with symptoms of incarceration, to cut down on the tumour and ascertain its true nature. The length of time which occurred between strangulation and death was another circumstance worthy of attention, and he instanced the case of an old lady who was well at night; in the morning symptoms of strangulation came on, and she died in the evening. The tumour was dark, and assumed the appearance of sphacelus at a very early period.

12. Mr. May. The gall-bladder taken from the same patient, and filled with biliary concretions.

Mr. Harrinson asked whether there was any connection between gall stones and deposit in the arteries.

Dr. Cowan said he thought not, as there was no chemical analogy. It might be from the general condition of the system; gall stones being usually found in corpulent persons.

13. Mr. Walford. A portion of liver taken from a child, aged 13 days. On the third day after birth jaundice set in; it had also drowsiness, white stools, &c. On the second day before death, an oozing of bloody fluid from the umbilicus came on, which could not be stopped. No obstruction was found in the ducts; the liver was of a sooty colour; the gall-bladder

was small, and contained a little thick dark green matter.

Mr. Harrinson asked whether, in obstructions to the outlet of the bile from the liver, the secretion still went on in the liver, and was then absorbed into the system, or whether its action was taken on by other organs, as the kidneys, skin, &c., as bile was found in the urine in jaundice, some days before the skin became discoloured, and as a small quantity of bile injected into the veins produced speedy death.

Dr. Cowan thought there was no such thing as a vicarious action of organs; that each organ had its special duty; but that in interruption of its function, other organs might allow the separation or evolution of those principles it was the duty of each organ to eliminate; that one great function of the liver was to decarbonize the blood; that bile was a highly carbonized principle; but that the liver could only act on the blood transmitted to it; that the blood might be much modified by the processes of respiration, nutrition, &c. He thought that in cases of obstruction the bile might be absorbed from the liver, but that the poisonous principle in jaundice might not be formed or not absorbed.

Mr. Walford considered the bile not altogether excrementitious, but that it had an important influence in the formation of chyle.

14. Mr. Walford. A granular kidney, removed from a boy aged ten, who had died from universal inflammation of the serous membranes, following scarlatina. The urine was highly albuminous.

15. Mr. Harrinson. The stomach of a child, aged four years, who was found dead in bed an hour after a hearty dinner of bread, cheese, and water. On inspection, no other morbid appearance was seen than the stomach inordinately distended with lumps of bread, cheese, and masses of mucus; its mucous membrane was intensely injected. He thought that from the distention of, and irritating matters in, the stomach, there was such a concentration of nervous energy, that it died by asthenia.

The redness of the stomach was considered by the Society as merely physiological.

16. Mr. Jeston. The rectum and lower part of the colon of a woman who died from obstruction of the bowels, from swallowing a number of cherry stones. No fæces passed for two months. She died by asthenia. On examination, ulceration and perforation of the rectum were found about four inches from the anus. There was much thickening of the intestine, but no evidence of malignant disease.

17. Mr. Dunn. A preparation, taken from a man

who died suddenly in the Hospital. There was a large abscess in the peritoneum, with a communication into the intestine.

UTERUS AND ITS APPENDAGES.

18. Mr. May. The uterus and ovaries removed from a girl, aged 22 years, who died in a state of anæmia. At about the time of puberty she had an attack of mania, preceded by nymphomania. She recovered for a time. The catamenia never appeared; nymphomania returned, followed by mania, and she gradually sank. He had reason to believe that she practised onanism. Examination after death discovered no abnormal condition of the brain or lungs. Heart very small, not larger than a child's of five years old; uterus very small; ovaries exceedingly vascular; tunics of ovaries much thickened; pubes, vagina, &c., normal.

Dr. Cowan asked whether anything peculiar had been observed in the cerebellum. He thought the connexion between the cerebellum and the sexual propensity sufficiently established. This, from the researches of Gall, could not be disputed. He considered it as a general rule that nymphomania was connected with the cerebellum, while onanism depended on local irritation; but that nymphomania might be produced by a local cause, as eczema pudendi, &c; that also in nymphomania there was a desire for sexual intercourse, while from onanism there was an aversion.

Mr. Harrisson believed it was generally admitted that gouty and rheumatic individuals were exceedingly salacious, and considered it curious that colchicum, the remedy for these diseases, should also have the power of nearly extinguishing the sexual propensity, while it was also a specific for chordee.

19. Mr. Vines. The uterus of a young woman, who died twenty-four hours after parturition, from puerperal fever. On examination, the upper part of the uterus was found blackened, with portions of placenta remaining. The lower part was gangrenous. There was effusion into the large joints.

Mr. May said this case demonstrated the necessity of injecting the uterus more frequently. He believed that many cases of puerperal fever arose from imprisoned and putrescent discharges. He related the case of a lady who suffered from puerperal fever, tympanitic abdomen, and other very alarming symptoms. The vagina and uterus were carefully washed out, and she immediately became better. He believed that the medical man very frequently was the medium of propagation.

Dr. Cowan thought puerperal fever might be epidemic; might arise from general causes, as other diseases; and that though it might arise from offensive discharges, yet it might be propagated by other means than through the medical man.

Dr. Woodhouse said that in the Dublin Lying-in Hospital puerperal fever was found to prevail most extensively at those times when typhus was endemic in the city.

ABNORMAL AND MORBID FŒTAL CONDITIONS.

20. Mr. Walford. The placenta of a female delivered of twins at the sixth month. She had on several previous occasions miscarried, and the placenta been found diseased. In this were large clots of blood, apoplexy of the placenta, the cause of the abortion.

21. Mr. Harrisson. The placenta of a lady who had miscarried at two months. This was the fourth time at the same period. There was a thick membrane externally, the indurated decidua, causing obstruction of the circulation, apoplexy of the chorion, and ultimately producing abortion.

22. Mr. Harrisson. A portion of an umbilical cord with a single knot on it. The entire length of the cord was not accurately ascertained, but it was not unusual; the quantity of liquor amnii not excessive; nor was the nutrition of the child at all influenced. Since this was presented, two other cases of single knot have been met with. The conditions apparently necessary for the production of knots, viz., a long cord, and an excess of liquor amnii, were not present in any.

23. Mr. Harrisson. A double placenta, united by two large vessels and the membranes. He was called in by a midwife. The child had been born dead, and the placenta had been retained five hours. Much ergot had been used. He enquired whether any one believed that ergot exerted any injurious medicinal influence on the fœtus? Dr. Beatty, in a paper in the Dublin Journal, had stated that it did, and that it ought not to be given when the labour was not likely to be determined in two hours.

Mr. May stated he had found ergot exert an influence on the pregnant uterus as early as four months and a half. Mr. Jeston had never known it originate uterine action.

Mr. Vines had found it originate uterine action in a slight degree at the fifth month.

Mr. Waldron had known it given at the eighth month with success in a case of contracted pelvis.

The eligibility of ergot to operative measures, its mode of administration, its influence on the mother, its use in hæmorrhage, menorrhagia, &c., were then discussed, but nothing novel was elicited.

24. Mr. Harrisson. A beautiful specimen of apoplexy of the placenta, passed by a woman, aged 31. Since the birth of her last child, four years before, her catamenia had been very irregular, but during the last twelve months regular as to time, though very much increased in quantity. She was admitted under him with all the symptoms, general and physical, of chronic inflammation of the uterus. For the last two years flatus had escaped in considerable quantity from the womb. She had none of the symptoms of pregnancy. After a time this diseased mass was passed, and all her symptoms disappeared. No fœtus was found. The length of time that it had been in the uterus was considered very uncertain.

Dr. Cowan then referred to the recent statements respecting the origin of uterine fibrous tumours, as probably originating in the escape of ovisacs into the uterine tissue by various channels. Statistics proved that the uterus was peculiarly the seat of fibrous growths, that they were never found prior to puberty, and were much more frequent in women who had been characterised by uterine activity, and not unfrequently by the presence of hair and other growths, indicating an origin from a highly organised cell. This is rendered probable, and is not more surprising than that the impregnated ovum should escape into the tissue of the uterus, and form what is termed "*interstitial gestation*."

25. Mr. Harrisson. A mature child with hernia

of the liver. It lived ten hours. The entire liver, and a number of the small intestines were situated in the sheath of the umbilical cord. It was an instance of arrest of development of the abdominal parietes.

The state of the placenta and ovum in labours and abortions is most unaccountably overlooked and neglected by practitioners in general. Few deny the value of their investigation. All confess the poverty of our knowledge of the precise nature of their morbid conditions, and yet they give themselves no trouble, nor take any pains to extend it. This is the less excusable, as opportunity abounds to every practitioner. By a little more attention to these matters, we might frequently be enabled to prevent those mishaps, so disappointing to the patient, and so annoying to the surgeon. Undoubtedly the whole pathology of abortions is usually to be found in morbid conditions of the ovum. Dr. Lee is opposed to the opinion that these diseases of the ovum arise from inflammation, but considers them to be most frequently the result of some constitutional disorder in one or both parents. He thinks that in the greater number of cases syphilis is the cause. In confirmation of this view, I beg to direct particular attention to a paper on Congenite Syphilis, by Dr. Campbell, in the June number of the Edinburgh Monthly Journal. The subject demands the most searching enquiry.

MALIGNANT DISEASES.

26. Mr. May. A carcinomatous breast, removed from a lady, aged 60. There was no glandular enlargement; the general health was good. He then commented on the liability to return, and the unsatisfactory result of late operations, and agreed that these affections were better removed in the early stage.

The hereditary nature of carcinoma was then discussed and agreed on. Mr. Jeston had found a weak solution of nitric acid, ten minims to one pint of carrot water, most useful in cicatrizing cancerous ulcers of the mamma. He stated that the cavity was not filled up with granulations, but was merely skinned over.

27. Mr. Walford. Carcinoma of the œsophagus, removed from a woman, aged 68, who was affected and died with the ordinary symptoms. The malignant or non-malignant nature of the morbid changes in these cases was next discussed; and Mr. May made some valuable observations on the use of the probang, deprecating its employment where pain was occasioned.

28. Mr. F. A. Bulley. A large mass of medullary sarcoma, taken from the pelvis of a man, and communicating with the bladder. Mr. Bulley promised to read a paper on the case.

TUMOURS.

29. Mr. May. Two small tumours, which to him were curious. They had lately been described by Dr. E. Wilson. They appeared to have been originally follicular, the secretion becoming afterwards converted into bone. They were taken from the arm of a young lady, aged 15, and were readily removed. She had had one of a similar nature, the size of a turkey's egg, removed from the same arm, some years before. They probably, if let alone, would have attained a large size.

30. Mr. Walford. A steatomatous tumour, the size of a walnut, removed from the upper lip of a man, aged 40 years. It was of three years growth.

31. Mr. Walford. A small tumour, of a fibrous nature, removed from the forehead of a young woman. It followed a blow on the part.

CALCULI; CONCRETIONS.

32. Mr. May. A small urinary calculus, removed from a boy in the hospital, composed of lithate of ammonia, with a coating of the triple phosphates. The operation was performed in the usual way.

33. Mr. Harrison. A lithic acid calculus, weighing eight ounces and a half, removed after death, from the bladder of an old man. He had two sons and two daughters. The elder son died from stone, at 66 years of age; the younger son passed gravel for years. Some of the children of each son had passed several small calculi. The two daughters never suffered.

34. Mr. Harrison. A small calculus, found in the kidney of a pig, composed of lithic acid.

35. Mr. Harrison. A beautiful specimen of mulberry calculus, taken after death, from the bladder of a pig. It was exceedingly hard, and weighed six and a-half drachms. The bladder was thickened and ulcerated. The age of the pig, an Irish one, was about six months. He could not ascertain the usual food of such pigs. From extensive enquiries among pig-killers, it was probable that stone occurred about once in two thousand animals.

36. Mr. Taylor presented two specimens of those siliceous deposits found in the intestines of horses. One, the size of a fist, had a nucleus of steel, the other was an enormous concretion, and weighed 15 pounds.

I must now conclude this lengthened address with an enumeration of the instruments exhibited during the session.

Mr. Harrison showed Ronketti's complete apparatus for testing the urine, &c. A speculum lamp, with reflector, ingeniously contrived by Miller, of Piccadilly; he had found it indispensable in the examination of diseases of the ear, nose, &c., and efficient in all cases requiring the speculum and artificial light. Also Chitty Clendon's forceps for extracting foreign bodies from the ear; and Mr. Wilde's case of ear instruments.

Mr. May. Mr. Hilton's tracheotomy trochar, stated by Mr. Vines to be the last instrument approved of by the late Sir A. Cooper. Also a bath speculum—a perforated tube to be introduced in the bath, so as to admit water, simple and medicated, to the os and cervix uteri. The idea was suggested by Dr. Ashwell. In its presentation he made some valuable observations on ulceration and ulcers of the cervix uteri, and insisted on the necessity of a rigid examination.

An important and not less pleasing part of my duty would be left undone were I not, in conclusion, to tender our united and most sincere thanks and acknowledgments to our esteemed and worthy Secretary, Dr. Woodhouse. The appointment is one of no ordinary difficulty, involving much time, and entailing much trouble and personal inconvenience; and from the manner in which it is fulfilled, he amply merits the meed of our highest praise, and the tribute of our most unqualified gratitude.

Finally, I may be permitted to trust that the task of your historian in each succeeding year will be more arduous; that the materials will be more abundant, and that he may elicit an address more worthy of your notice and attention.

ON THE FLUID ELEMENT OF THE CIRCULATING BLOOD, AND ON THE CONSTANT CHANGES AND VARIATION TO WHICH IT IS LIABLE.

By WILLIAM ADDISON, F.L.S., Malvern.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The blood consists of two distinct parts, a fluid, and the cells. What is the nature of the fluid? The following considerations may assist us in answering this important question. When large quantities of water, or of watery infusions, are drunk, and especially if they are so when the stomach is nearly empty of food, the water disappears from the alimentary canal and finds its way into the circulating current of the blood, whereby it must increase the amount and alter, for a time at least, the qualities of its fluid element. The water, or watery infusions, thus disappearing from the alimentary surfaces, are often charged with various soluble materials, that have undergone no stage of vital transformation, so that the odour of asparagus, turpentine, alcohol, æther, onions, toasted bread, and of many other matters received as aliment, may be speedily detected, either in the urine or in the pulmonary exhalation. Wherefore, it is evident that sundry kinds of unassimilated matter, mere chemical compounds, come into contact with the blood-cells, through the medium of the blood-fluid, which varies with the diet and the qualities of the drink. These unassimilated matters may tend either to assist the vital transformations of the cells and promote the normal process of nutrition, or to retard them and derange it, and the retardation or derangement may amount to a poison. I have not thought it necessary to refer to the numerous authorities extant, in support of the above propositions, nor do I imagine it necessary in order to gain for them the assent of every reader.

The urine is derived from the blood; and it appears that the excess of water, absorbed by the alimentary surfaces, with the saline and untransformed elements it may contain, finds its principal and appropriate exit from the circulation through the walls of the capillary tufts of the Malpighian bodies of the kidneys, as indicated by the researches of Mr. Bowman.*

"*Diuretic medicines*," he observes, "appear to act specially on the Malpighian bodies; and *various foreign substances*, particularly salts, which, when introduced into the blood, pass off by urine with great freedom, exude, in all probability, through this bare system of capillaries. The structure of the Malpighian bodies indicates this, and also, as far as they are known, the laws regulating the transmission of fluids through organized tissues, modified in their affinities by vitality. The escape also of certain morbid products occasionally found in the urine seems to be from the Malpighian tufts. I allude especially to *sugar, albumen*, and the *red particles of the blood*."[†]

There is another fluid flowing by a large canal into the circulating blood, and adding to its watery element—this is the chyle.

From various experimental and microscopical re-

searches upon this fluid there is every reason to believe that it results from the transformation or bursting of cells; hence, that it is a fluid that has undergone or experienced the first stage of assimilation to the structure, differing therefore in many important respects from that absorbed by the alimentary surfaces. Then, again, it is very probable that variable amounts of disintegrating animal matter are removed from the tissue—from the walls of the capillary canals—of all the organs of the body, by the blood-fluid rapidly circulating through them, and *we know* that the colourless blood-cells, which attach themselves to these tissues for the purposes of nutrition and secretion, may, after a variable period, in consequence of some accidental or local influence interfering with the process, and probably, after having undergone some specific changes, be again driven into the circulation, and *they* probably impart something to the blood-fluid. Whether they do so or not, does not vary the probability of the following conclusion, viz.:—*That the fluid distilling from the capillary tufts of the Malpighian bodies of the kidneys is the blood fluid—i. e., the fluid in which the cells have floated in the living body.*

From the facts here stated, with those contained in my experimental researches lately published, it must be evident that under whatever denomination we regard this fluid, it must constantly vary:—

1st. By variations in the nature or quality of the solid and fluid matters received within the body as food and drink; and by any alteration in the nature of the elements absorbed in respiration, or through the medium of the skin.

2nd. By alterations in the nature and characteristics in the fluid element of the chyle.

3rd. By variations, local or general, in the process of nutrition.

It necessarily follows from these conclusions, that if imagination, mind, and mental emotion, can vary the process of nutrition, and retard or accelerate a secretion, they can also vary the qualities of the blood-fluid, and therefore of the urine.

But the reader will bear in mind, that the urine as it is discharged from the body is something more than the fluid distilling from the Malpighian bodies of the kidneys. It is largely mingled with the matter resulting from the disintegrated epithelium, lining the interior of the tortuous urinary canals of the kidney, and with mucus and the mucous epithelium of the bladder.

"In many cases," says Mr. Bowman, "the epithelial particles appear to be cast off entire when their growth is complete and thus to form the secretion; in other instances they seem to lose their substance by a more gradual process, and to waste or dissolve away on the surface of the membrane as fresh particles are deposited below."^{*}

When fluid is slowly poured out by the Malpighian bodies, it will probably contain when ultimately discharged, much more of this extraneous epithelial matter, than when it is more quickly poured out.

From the preceding considerations I conclude, that the urine of a healthy person, free from disease, either in the kidneys or in the bladder, is a very much nearer approach to the fluid in which the cells float in their circulation through the living body, than either the serum remaining after the fibrillation

* Philosophical Transactions, Part I, 1842.

† Loc. supra cit. p. 77.

* Loc. cit., p. 76.

of the fibrine of a mass of blood, or the liquor sanguinis which sometimes floats at its surface.

When Liebig wrote the Organic Chemistry of Physiology, &c., he could not be aware of the great importance which late researches have attached to the colourless-blood-cells, in the process of nutrition or secretion. The question which these researches have raised is whether the plastic element of the blood (fibrine, albumen, and molecules) is mixed and incorporated with the saline and fluid element during the circulation through the living vessels, or whether the chief of these elements at least, are not, during their circulation as constituents of the blood, enclosed within the colourless-cells,—that is, whether in the normal process of transformation and nutrition the cells burst and mingle their living contents with the fluid of the blood, the mixed materials circulating through the tissues; or whether the cells first adhere to the tissues they are designed to nourish, so that their plastic contents, instead of mingling with the circulating fluid, are appropriated to nutrition and secretion at the point of adhesion.

Upon the former view, the fluid element of the blood would be, as is now supposed, of a very plastic nature, and the materials required for the secretions and the nutrition of the several organs would be drawn out of it by some peculiar selective endowment in the tissues. Upon the latter view, which my researches have led me to adopt, the fluid element of the blood would be a saline, limpid, and variable kind of liquid, of an excrementitious rather than of a nutritive nature; and the nutritive materials, the chief of which I conceive to be living molecules, would be applied to the various tissues by the colourless-cells themselves.

This latter view is supported by all the facts that I have witnessed in the circulation of the frog; and corroborated by an examination of the characters of the blood in inflamed parts, and of the various appearances of the colourless-cells, and their transformed and plastic elements in liquor sanguinis, lymph, mucus, saliva, the tears, and pus.

On viewing the circulation through the capillaries and minute vessels of a frog's foot that has been very carefully handled, the blood-fluid appears to be a thin and limpid liquid. When the foot has been immersed in tepid water or exposed to any other source of irritation, then a plastic element, distinct from the circulating fluid, may be seen; but this element is stationary, lining the interior boundary of the tissues forming the parietes of the vessels, numerous colourless cells are entangled in it, and the nutrition of the part is abnormally or unusually increased.

Hence, therefore, I conclude that the *liquor sanguinis*—the colourless and plastic layer at the surface of buffy blood, is analogous to the stationary, colourless, and plastic layer seen in the irritated vessels of the living frog, and a very different thing from the fluid forming the vehicle by which the cells circulate through the body. The plastic element in the former case is derived from cells engaged in the process of nutrition, and in the other from similar cells which have been ruptured by change of situation. Viewed in this light, the liquor sanguinis of blood withdrawn from the body may be regarded as a compound of the plastic element and molecules from the interior of ruptured colourless-cells, with the water, the saline, and other matters of

the blood-fluid. During coagulation two portions of the plastic element, the fibrine and the molecules, with the unruptured cells, separate and form a fibrous tissue, while a third portion remains incorporated with, and adds to the amount of the albuminous elements of the blood-fluid, forming the serum; or, to use the chemical language of the day, "The chief constituents of the blood and the caseine of milk may be regarded as compounds of phosphates and other salts, and of sulphur and phosphorus, with a compound of carbon, nitrogen, hydrogen, and oxygen." That is, if I understand the passage rightly, as compounds of the saline and other elements of the blood-fluid, with the elements from the interior of cells.

The preceding considerations have induced me to enter upon a series of experimental researches, to determine the visible effects produced upon recent blood-cells by fresh and warm urine. It would be premature to enter upon the results now, but I may refer those who wish to satisfy themselves of the existence of an interior matter or corrugated interior vesicle in the red-blood-cells, or to see peculiar changes and motions in the cells themselves, to the appearances presented by these objects after contact with fresh urine, as shown by a linear power of from 700 to 900 diameters.

I remain, Sir,

Yours very obediently,

W. ADDISON.

July 20, 1844.

P.S. I cannot forbear remarking upon the *sangroid* with which the writer in the British and Foreign Review treats my molecules. I am almost inclined to imagine that he must have often seen them in the cells of the human structure, before the publication of my researches.

CASE OF INTRA-UTERINE TUMOUR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I herewith furnish you with a few brief notes of a very singular case which recently came under my observation, and which I do not find noticed by any of the writers on midwifery whom I have consulted. If you should find them sufficiently interesting, by inserting them in your journal you will much oblige,

Sir,

Your obedient servant,

WILLIAM THOMAS HAMILTON.

Birkenhead, July 12, 1844.

Mary Kaye, aged 44, married eighteen years, the mother of six children; eight years since her last pregnancy; states that her general health has always been good, catamenia regular; has for many years been subject to prolapsus uteri. About two years ago she perceived that the uterus, which had been down for some time previously, and which gave her the impression of being dotted over with numerous small excrescences like warts, began to recover its natural position, when she imagined she was again becoming pregnant. She, however, continued to menstruate, and increased in size for about twelve months, at times being much annoyed with bearing-down pains, like those of labour, but never felt any degree of

motion in the womb. After this period these pains ceased, and the tumour, which had assumed the size of the uterus in the fifth month of pregnancy, gave her no other annoyance than from its bulk and weight, till about four months ago, when her health began to fail; she complained of loss of appetite, great prostration of strength, pains in the back and legs, &c., which induced her to seek advice. Some weeks afterwards an extremely offensive discharge, much resembling unhealthy matter, made its appearance, and the labour-pains reappeared, attended with considerable hæmorrhage.

On examination per vaginam, the os uteri was found dilated to the size of half-a-crown, and a large substance presenting, round which the finger could be easily passed as far as it could reach.

As the uterus was endeavouring evidently to rid itself of this large mass, and as the pains were short and ineffectual, with the os uteri sufficiently dilated, an infusion of the ergot of rye was cautiously administered. On the third day of its use a portion of this substance had reached the external parts, which was with some difficulty detached and removed. Another portion followed in three days, and finally the remainder was expelled six days afterwards, unattended by hæmorrhage, or any unfavourable symptom. The uterine discharge immediately ceased; her appetite improved; and she has since been progressing in health and strength.

It now remains for me to endeavour to describe the character of the mass which came away, and which is now in my possession.

The weight is about four pounds, the colour is a dirty white inclining to amber, the surface very even, being in parts lobulated, in others fimbriated or fringed, and the substance, which is of an uniform density, has a fatty appearance, somewhat resembling the fibrous parts of meat that has been well boiled. After a careful examination no trace of membranes; umbilical cord, bone, cartilage, or vessels of nutrition could be discovered. The last portion however that was expelled, though apparently not in the least differing in structure from the other parts, yet reminded me of a placenta, presenting as it did on one side a smooth and shining, and on the other a more uneven and fleshy surface.

This may not be a first-rate description, but in a case of this kind it may readily be supposed that it is not very easy to convey anything like an exact idea of a substance formed under such circumstances. Perhaps I may here be allowed to record the very decided effects which followed the exhibition of the *secale cornutum*. Soon after the first dose had been given, the uterus which had before been in a comparative passive state, began to contract, and the pains continued to increase both in power and frequency during its administration, which consisted of five or six doses each morning, at intervals of fifteen minutes. On withholding the medicine, the uterus again returned to its former state of quiescence, and so remained until it was again called into action by a repetition of the ergot on the following morning.

I mention this as it still remains a question, sub judice, whether the *secale cornutum* will produce its specific effects on an unimpregnated uterus.

CASE OF ACUTE INFLAMMATION OF THE PIA MATER, WITH INFLAMMATION OF THE CEREBRUM—HOMŒOPATHY—DEATH.

The following case of acute cerebral inflammation presents several features of peculiar interest. In its commencement it was altogether neglected, and was subsequently treated homœopathically; it consequently affords an instance of the disease allowed to proceed to its termination without interference, and is well calculated to exemplify its natural progress and termination.

The case was read before the Dublin Pathological Society by Mr. Adams, who was called in to witness the closing scene, and is published in the report of the proceedings of the Society in the last number of the Dublin Journal of Medical Science. The subject of the attack was a young lady, 23 years of age, and the following particulars of its progress and treatment were carefully collected by Mr. Adams, on the spot, partly from the family, and partly from an experienced and intelligent nurse, who for the last five days of the illness had never left the patient's bedside.

I learned, says Mr. Adams, that on the 24th of December the young lady first complained of being unwell and chilly; on this day she had driven to Dublin with her sisters, and on her return home in the evening, took a shivering. On the 25th, Christmas day, she was still complaining and remained in her room, not being able to join the family circle this day at dinner. On Tuesday, the 27th, she was considered better, and was down stairs in the drawing-room, but became very unwell, fainted, and was carried up-stairs to bed nearly insensible. On this day she mentioned to her sisters that she saw objects double. None of these symptoms alarmed the family, or induced them to procure any advice until Wednesday, the 28th of December, when they called in to visit the young lady an eminent professor of homœopathy, who had been occasionally in attendance on the family. He took charge of the case, and from day to day, that is, from Wednesday until the following Monday, pronounced that the case was one of fever, and going on favourably. On this day, however, she had a violent convulsion.

The testimony of the nurse was, that she had not seen the young lady until Friday night, at ten o'clock, the 30th of December. On her arrival she found her very restless, and she passed a very disturbed night. "She would fall into a doze, and awake frightened, and would shrink back in the bed as if she saw something she would avoid; she did not complain of pain now, but her forehead felt very hot, her tongue was white and coated, her pulse used to 'come and go,'—was irregular—her head seemed heavy to her; when she was raised up in bed, her head fell on her shoulder." She was delirious throughout the night. What she said was rather amusing, and would make herself as well as those about her laugh. Upon asking the nurse to particularize what she thought her mind was occupied with, as far as she could judge from her words, she replied: "She seemed to be occupied (mentally) in her Sunday school, teaching children whom she would call by name; she would ask for her dress and her boots, to go out, and inquire why the car was not brought round, but there was much variety in her delirious thoughts; she would begin with a religious hymn, and before it was concluded, she 'gambolled'

off from this to something quite different." On Saturday night she was more disturbed and restless; she would get up in bed and cough, say she saw something shining, and objects of a vast variety of hues and colours. All the time her head would fall on her shoulder, if it was not supported. She said she saw her sister double, when the basin stand, which stood alone in the corner of the room, was shown to her, she said she saw distinctly two basin stands. On Sunday night the nurse thought the young lady exceedingly ill; she had passed the night in the most restless manner, and not what she could call one hour's sleep; she informed the family, and afterwards the doctor, who, notwithstanding, this morning (the 3rd of January) stated the young lady was better that day, and was going on favourably; however, at four o'clock, p.m., the young lady was seized with a violent convulsion, which lasted for one hour. After this she fell into a snoring sleep, and subsequently, up to the time I saw her, never exhibited any signs of intelligence, if excepted, that when a tea-spoonful of fluid was placed in her mouth, she swallowed it. The nurse thought she could not see; she lay in a tranquil but comatose state all Tuesday, up to the time of my visit.

As to treatment, I learned from the nurse that the doctor would take a small white powder, like one grain of calomel, and would mix this in twenty dessert-spoonfuls of water; he desired the nurse to shake this very well, and give a dessert-spoonful every hour. He would change the medicine now and then, but to her it appeared the same, and she could not observe any effect from any medicine she took; she was not bled in any form, had not been blistered, her hair was left untouched, and no cold lotion was applied, until she was insensible.

After the convulsion on Monday, the nurse had been with her from this day until her death, at half-past eleven on Tuesday night, and the bowels had not been affected until just before her death; the secretion of urine was natural, as to quantity and quality; the bladder was evacuated naturally twice in the twenty-four hours, she herself giving notice to the nurse, until the convulsions occurred. The case was said to be one of typhus fever. The doctor allowed at first a few grapes, but afterwards forbid even these; she wished for chicken broth, whey, and subsequently, on Monday, for dry toast; none of these were allowed. Such was the history of the case and treatment I learned on my first visit.

I stated to the friends my conviction that a few hours would close the scene with respect to this young lady; that my impression was, that the case had been one of acute inflammation of the brain and its membranes, and that all medicine would at that period, of course, prove unavailing; that they were quite in an unnecessary state of alarm relative to typhus fever, and the spread of infection, which, in this case, did not exist. I requested that I should be informed when her death took place, and that a post-mortem examination of the brain and its membranes, in this case, should be permitted. At eleven o'clock on Tuesday evening, the 4th, she died, and on Thursday, January 6th, I was informed that if "*I had any curiosity*" to examine the body, I might do so. I said that I did feel an interest in the matter, and, accompanied by my friend, Dr. Mayne, I examined the head.

The body was remarkably well-formed, was not much

reduced in flesh; the skin of a natural colour, except on the back, from gravitation of blood; no specks nor spots on the skin. The calvarium removed, the dura mater presented a remarkably congested appearance; when this was cut all round, the pia mater exhibited a greater degree of redness than either Dr. Mayne or I had seen for a long time; the sulci, between the convolutions, were occupied by greatly distended veins; the brain was firm and large; there was no arachnoid inflammation, but the traces of inflammation of the pia mater were most intense; the scarlet colour, from the minute injection of the vessels of the pia mater, was not confined to the surface of the brain; but the portions of this membrane, which sink between the convolutions, were equally red, and quite as brilliant in colour as that on the surface. Much bloody serum was found in the lateral ventricles and spinal canal. The choroid plexus very much swelled and inflamed. We next inverted the brain, and removed it, that we might examine carefully the optic nerves and the basis of the brain, as from many of the symptoms, particularly the double vision, we judged we should here find evidences of very acute inflammation. The arachnoid (which in the natural state, about the commissure of the optic nerves, is remarkably transparent and distinct, and easily detached from the nerves of this region)—the arachnoid was identified with the pia mater, and with the neurilemma of the optic nerves. The notes taken, while Drs. Mayne, Power, and I were examining it, were as follows:—Great vascularity of the pia mater, covering the under surface of both hemispheres; minute vessels so congested as to give the appearance of scarlet cloth nearly; this appearance, not merely limited to the surface, but the same vascularity can be traced into the pia mater, lining all the sulci, and when the membranes are removed, the gray substance of the brain presents every where a striking pinkish hue. The superior and inferior intersulcal veins are distended everywhere with black blood. The pia mater, from the pons forwards, where it invests the mammillary eminences, tuber cinereum, and optic commissure, is greatly congested, and so identified with the arachnoid, that the two membranes cannot be separated from each other. On pulling off the membranes, the tuber cinereum seems soft, pulpy, and has acquired a pinkish hue, instead of the pale grey colour, which is natural to it. The same remark as to colour and consistence applies to the optic tract, commissure, and nerve; and, in addition, all these latter structures appear larger than usual, and the outlines of pinkish vessels can be seen traversing the medullary substance. The tubercula quadragemina are remarkably congested and pulpy.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, JULY 31, 1844.

We have hitherto, with one or two exceptions, avoided reporting in the pages of the Provincial Journal any of those periodical and itinerant exhibitions of mesmerism which, from time to time, have been paraded before the public. We have felt, and we still feel, that from the first public spectacles on

this subject, which took place under the patronage of Dr. Elliotson, to the last and recent exposure by Dr. Forbes, the mode of investigation pursued has been anything but satisfactory or worthy of a subject of scientific inquiry. The week before last we gave a short notice of one of the exhibitions of Alexis, and his preceptor or colleague, extracted from the Literary Gazette, and we did this on that occasion because it expressed the opinion of an acute observer, who, not belonging to the medical profession, was a less suspected, though, perhaps, not equally competent witness; and in whom the prejudices, real or presumed, of a mind previously biased on the physiological question, could not be supposed to act. It was on these grounds that we quoted the account given in the Literary Gazette.

Mesmerism is either what its professors and disciples would have us believe it to be, a genuine subject for scientific inquiry, embracing the consideration of natural phenomena, a branch of physiology, and the science of mind, and worthy of the study of all who are engaged in acquiring knowledge on the natural and moral history of man; or it is altogether a piece of impudent cajolery and designing charlatanism. On either of these suppositions, the proceedings which have hitherto taken place, and the investigations which have hitherto been carried on in relation to it, as far as they have come before the public, have neither received, nor, as we think, deserved our consideration.

If the whole subject, and, as far as the *public* exhibitions of it go, we must avow our conviction that it is so, be a struggle between the deceivers and the deceived, in part to draw profit from the exhibition, and in part to involve their neighbours in the same maze of delusion with themselves, what concern have we, or can we have, as physiologists, in occupying ourselves with the exposure of it? No doubt the keen observer is right in exposing the fallacy and trickery of this or any other subject of popular delusion, as occasion serves or calls for, and we feel that to those who may have done so the public are much indebted; but this is no reason why the members of the medical profession, as such, should, in a spirit of medical or physiological quixotism, devote themselves to run a tilt with every fresh assailant, who, led by the desire of touching a few of honest John Bull's broad pieces, ever at the service, by the way, of those who will draw with sufficient face and freedom upon his credulity, or by other motives, may raise once and again the oft-battered-down ensigns of charlatanism.

The spirit in which the claims of mesmerism to consideration have been hitherto made known, has not been that in which a subject of scientific inquiry

should be proposed; the methods in which its doctrines have been unfolded, have not hitherto partaken of the usual calm and philosophic tone of scientific discussion, and the manner in which its so-called facts have been investigated, has been altogether unlike that in which scientific truth should be inquired into. As physiologists, then, we have nothing to do with these public exhibitions, in which the exhibitor of the phenomena, the actors therein, and the spectators, are involved in a confused scramble of diverse partizanship,—a struggle of designing cunning, as it is presumed, and trained deception on the one part, and a mixture of credulity, scepticism, acuteness, and suspicion on the other. This may be very amusing and very edifying, and the abrupt and run-away termination of the fracas, may form an appropriate conclusion of the farce; but it does no more than defeat the individual, it proves merely the negative of that particular exhibition, and if there be any truth in the phenomena of mesmerism, of whatever explanation these may admit, and it is only on such a supposition that the man of science can be called upon to investigate it at all, this mode of proceeding is, as we have said, anything but satisfactory.

Certain phenomena profess to be of a scientific nature. Reject them as impostures, delusions, or otherwise, if you please; but on the other hand, if you call upon scientific men—upon physiologists, to make inquiry into them, and to investigate the subject, let the inquiry be made, and the investigation be carried on in a calm and rational manner, divested of all this public parade, and endeavour at public exposure. If the phenomena amount to anything at all, they will not be at the sole disposal of a few, and if they are either to be established or satisfactorily and permanently refuted, their nature really ascertained, their relationship with other parts of physiology to be inquired into, or the whole subject to be shown to be deceptive and false, it is from researches carried on in the closet and in private, not in public and in the lecture room and theatre, that the truth will come out clear and indisputable.

ACADEMY OF SCIENCES, PARIS.

May 27th.

FRESH VACCINE LYMPH.

M. Magendie announced to the Academy that he had met with the cow-pox in a cow which belonged to him. The woman who milked it complained of having contracted the disease on the hands. He (M. Magendie) inspected the teats of the animal, and there recognized a number of elevations, and some crusts, which appeared to him to resemble the true cow-pox. In order to be certain about it, he requested Dr. Fiard, who was specially engaged in vaccinating, to assure him if it was

really what he suspected it to be, and in case it was, to obtain some of the fluid, and transmit it to the hospital, where he vaccinated children every week. Dr. Fiard accordingly vaccinated many infants with it, and genuine vaccine pustules were developed, the fluid of which has again been successfully inoculated, and is now in full activity in the third *Arrondissement*, where any one is at liberty to obtain it.

M. Magendie also placed his cow, which still presented many pustules like the preceding ones, at the disposal of the Academy. Any physicians who regard the freshness of the vaccine lymph as indispensable to its preservative power, might now satisfy themselves and procure without difficulty a fluid, the origin of which could not be doubted by any one.

M. Fiard then read the result of the vaccinations which he had performed with this virus.

On the invitation of M. Magendie, he went on the 1st of May to Cernay. The teats of the cow then presented cicatrices of past eruptions, and some crusts covering the old pustules. An elevation of the vaccine character, of about the size of the end of the finger, alone existed on the back part of the udder, which he opened, and received therefrom a sanguinolent fluid in three tubes. He also procured the matter found under the crusts.

The following day, (May 2nd,) being one of those for public vaccination, he met five of his colleagues, who inoculated the right arms of seven children with the ordinary vaccine lymph, whilst he inoculated the left arms of the same children with the matter which he had taken from the cow, making five punctures upon each.

On the 8th of May, the sixth day after the vaccination, the children were examined. All the inoculations with the ordinary lymph had been successful. On the left arms of the six first, nothing was to be met with; on the seventh was a pustule having the perfect vaccine character, and resembling those on the right arm.

On the 11th of May, two other children and a woman were vaccinated with the fluid taken from this latter pustule, and on the 13th the success of these operations was proved. Many other children were inoculated with the same success, and now the fresh vaccine lymph is, in the third *Arrondissement* of this city, exclusively employed.

INFLUENCE OF THE EIGHTH PAIR OF NERVES ON THE CHEMICAL PHENOMENA OF DIGESTION.

A paper was read on this subject by M. Bernard, who proposed, in a series of experiments, to inquire, in a more precise manner than has hitherto been done, into the part which we ought to attribute to the influence of the pneumo-gastric nerves in the act of chymification. It is well known that authors are not agreed as to the precise property which these nerves enjoy in the digestive process, and that many points of this question are a matter of controversy. The different and frequently contradictory results arrived at, depending on the difficulties of observation, M. Bernard was of opinion that if the functions of the stomach could be performed under our own eyes, the study of these phenomena would be facilitated, and that it would be possible to appreciate the series of

chemical changes which take place in this organ before and after division of the eighth pair of nerves.

M. Bernard made a fistulous opening in the stomach of a dog, so as to observe what passed in this viscus during digestion. The animal was submitted alternately to two kinds of nourishment, first, to raw flesh; secondly, to a kind of soup composed of bread, milk, and sugar cane.

At the moment these aliments were injected, the mucons membrane of the stomach became red, turgid, and erectile, exhaling from its surface an acid and transparent fluid, the gastric juice, which moistened the food. The raw flesh at the end of two or three hours was reduced to a chymous paste, with a very acid re-action. When the soup was given, the milk at once became coagulated; in about half or three-quarters of an hour afterwards, the whole formed a whitish homogeneous and very acid pulp. No sign of fermentation was ever observed in these mixed matters. The sugar found in the latter, whether examined at the beginning or at the end of digestion, was always in the state in which it exists in the cane.

After eight days of observation, M. Bernard resolved to divide the pneumo-gastric nerves. The dog having fasted for 24 hours, the experimentalist withdrew the apparatus, which habitually closed the fistula, and cleansed the interior of the stomach with a soft sponge. The viscus manifested a marked sensibility, and contracted upon the foreign body, the mucons membrane pouring out an abundance of gastric juice. Division was then made of the two pneumo-gastric nerves in the middle of the neck. Immediately the mucous membrane, which was turgid, shrivelled up and became pale, as though it were bloodless. Its sensibility and motion ceased, the production of the gastric juice was instantly arrested, and an abundant secretion of a ropy mucus, with a neutral reaction, soon succeeded in its place. Some morsels of flesh, and some soup, with sugared milk, were then introduced into the stomach. In an hour's time the bread was found softened, and saturated with the mucus; the milk was not coagulated; the meat had not undergone any alteration; and the whole alimentary mass presented a neutral re-action. At the end of two hours things remained precisely in the same state.

After eight hours M. Bernard found in the stomach a sort of whitish pulp, with an extremely acid re-action. But there was no difficulty in proving that this acidity arose from a lactic transformation, which was effected in the midst of these matters by the sugared soup. The meat had not experienced the least change, and all was found in the same state after a lapse of twenty-four hours.

We may observe from this first experiment, said M. Bernard, 1st, that the division of the pneumo-gastric nerves not only extinguished sensation and motion of the stomach, but that it also instantaneously arrested the secretion of the gastric juice.

2nd. That after this division, digestion did not take place, since, 24 hours afterwards, the pieces of meat introduced into the stomach were found entire and unaltered.

3rd. It was especially remarked, that in the absence of the gastric juice, spontaneous decomposition took place in the midst of the matters contained in the stomach, which was demonstrated by the lactic trans-

formation, developed by the agency of the soup and sugared milk.

In other dogs in which he had divided the pneumo-gastric nerves, M. Bernard perceived, after three or four hours of ingestion, conversion of the cane-sugar into grape-sugar; and at the end of ten or twelve, lactic transformation was complete. When the alimentary substances, as the meat, for instance, were not susceptible of giving rise to acid decomposition, the neutral re-action of the stomach continued throughout. Thus two series of chemical phenomena of a very different nature may take place in the stomach, according as this organ receives, or is deprived of, its normal nervous influence. In the former case gastric juice is produced, which effects chymous dissolution of the aliments. In consequence of this action, the substances contained in the stomach are submitted to special decompositions, and they lose the property of fermenting or re-acting upon each other. Thus the gastric fluid prevents putrefaction. If, on the contrary, the stomach is deprived of the influence of the eighth pair of nerves, digestion is arrested, and the articles of food, not modified by the gastric juice, react upon each other.

M. Bernard related a more recent experiment which rendered the preceding facts still more evident, whilst it proved that absorption may take place in the stomach, even after the division of the pneumo-gastric nerves. It is known that emulsine and amygdaline are two innocent substances when they are administered by themselves, but that they develop hydrocyanic acid and become a violent poison when placed in contact.

Having taken two dogs that had fasted. Mr. B. divided in one of them the pneumo-gastric nerves. In the stomach of each animal he injected a dose of emulsine, and about half an hour afterwards an equal quantity of amygdaline. The dog in whom the nerves had been cut died at the end of a quarter of an hour, with symptoms of poisoning by hydrocyanic acid, the other survived without experiencing any symptoms. In the latter case, the emulsine, modified by the gastric juice, had lost the property of re-acting on the amygdaline.

The author concluded from this last series of experiments, that in digestion the alimentary substances are exclusively submitted to the powerful influence of the gastric fluid. Their natural affinities then appear in some manner destroyed, and no spontaneous decomposition is effected between their elements.

That after division of the pneumo-gastric nerves these re-actions take place, owing to the absence of gastric juice from the stomach.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NEWTON BRANCH.

The annual meeting of this Branch of the Association, was held at Newton on the 27th of June; the following gentlemen were present:—Mr. Ainsworth, Manchester; Dr. Black, Manchester; Mr. Dicken, Middleton; Mr. Eden, Liverpool; Mr. Hatton, Manchester; Mr. Heaton, Horwich; Dr. Holme, Manchester; Mr. Holroyd, Manchester; Mr. Jordan,

Manchester; Dr. Kendrick, Warrington; Sir Arnold Knight, Liverpool; Dr. Lyon, Manchester; Mr. Neill, Liverpool; Mr. Robinson, Bolton; Mr. Sumner, Lymm; Dr. Welsh, Eccles; Mr. Whitehead, Manchester; Mr. Wilson, Manchester.

The President, Dr. Lyon, of Manchester, after a short introductory Address, proceeded to say—

I will take advantage of my position to make a very few remarks on the objects, and possible utility of this Association.

When the Parent Society had overspread almost the whole of England, and its members had become so numerous as to render it impossible that any but a small proportion should be able to attend the annual meetings, there began to be felt, pretty generally, a want of several dispersed centres of union,—points, where the practitioners of a circumscribed district could periodically assemble, to promote that scientific and social intercourse which was the great object of the Association. Accordingly, in 1837, several District Branches,—the Newton amongst others,—were incorporated with the Provincial Medical and Surgical Association; and, from the gradual multiplication of such branches since that time, we may presume that they have been found to realize the expectations of their founders. Our branch, I fear, still retains the undivided honour of undertaking to defray its own expenses.

Amongst the benefits to be expected from these meetings, not the least is the bringing together of men of congenial minds, engaged in one common pursuit, who might otherwise have remained personally strangers to each other; and who, thus meeting on what may be called *neutral ground*, can, without fear of petty rivalry, or jealousy, co-operate in the promotion of harmony and good fellowship in the profession.

Did these District Associations but comprehend a large majority of the respectable resident practitioners, they might indeed, in the absence of national legislation, lay down a law for themselves on many subjects of general interest; and, at all times, form a sort of Court of Arbitration, for the settlement of differences which will now and then arise. They are also well adapted for collecting the opinions prevalent in different localities, and representing to the General Council the wants and wishes of their members.

And here I cannot forbear from observing, at what a cheap rate we enjoy the advantage of a Journal, conducted with especial reference to the interests of the Association, and forming a ready means of communication between the members in every part of the country. I need hardly say, that it seems to be the most legitimate and appropriate channel through which members can lay before their brethren the results of their experience,—particularly such papers as may not find so suitable a place in the annual volume of Transactions.

The Report of the Council, to which your attention will be presently called, does not touch upon the subject of Medical Reform, because nothing effectual could be done in relation to it, until the intentions of Government were made known; and the Session of Parliament is now so far advanced, that it is very unlikely that any bill which may be brought in, will be

carried through all its stages before next year; therefore, we shall have plenty of time for the consideration of its provisions. Though the results of legislation may probably disappoint the expectations of some of the more ardent advocates of "Reform," it is certainly high time that some measures were taken for defining clearly the qualifications of medical men; so that every one may understand without difficulty who *are*, and who *are not* eligible candidates for private practice, or for public appointments. The want of such intelligible rule is unquestionably a source of considerable mischief and inconvenience; and the remedy, even of this defect, will be a welcome boon to the profession, as well as advantageous to the public.

Mr. Hatton then read the minutes of the proceedings of the Branch during the past year, and the Report of the Council, from which we make the following extracts:—

"In presenting the Report of the proceedings of the past year, your Council have to regret that they cannot bring before you any matters calculated to afford particular interest or satisfaction, as the objects of the Branch are so limited in themselves, as, on ordinary occasions, to allow but little scope for any important proceedings. At our Annual Meetings, though we have never lost sight of one of the primary objects of the Branch, that of combining, as far as time would permit, scientific information with friendly intercourse—yet, from the very nature of our meetings, it must be obvious that much of such professional communication must be rather of a conversational character than adapted for special report. Our last Meeting, however, perhaps more than any other, was distinguished for the variety and importance of the subjects discussed, and for the practical information communicated by so many experienced Members. It is evident, therefore, that it has been from no want either of material, or zeal, but from the hurried nature of our meetings, and the difficulty of making any satisfactory arrangement beforehand, if they have been occasionally of a less scientific character than some Members might have desired. In order to obviate this objection, and to facilitate a more systematic arrangement of the proceedings of the Annual Meetings, your Council must again beg to direct the attention of Members to the utility of informing one or other of the Secretaries beforehand, what is the nature and extent of any paper which they may wish to read, or of any modifications or improvements in Surgical Practice or Apparatus, which they may be desirous of exhibiting. Your Council, at the same time, would suggest for consideration, how far it might conduce to extend and consolidate the practical usefulness of the Branch, to select some particular Medical or Surgical inquiry, which might be the especial subject of observation and experiment to members generally, during the ensuing year; so that by the combined operation of so many different minds, some important additions might be made to our previous knowledge, a summary of which might be prepared by the Council, or a Sub-Committee appointed for the purpose.—

"As each year passes over us, limited even as our number is, we have still additional causes of regret, in the loss of some of those whom we have been accustomed to meet in this place, with every feeling of esteem and friendship. These repeated losses of our

associates, not in the fulness of years but in the meridian of manhood, are but too many evidences of the bodily decay, which the labours and anxieties of our profession entail upon us; and more forcibly urge the necessity of cultivating those kind and friendly feelings towards each other, which may act as a solace to the harassed mind, and mitigate the anxieties with which we have to contend. We have now to lament the loss of four valued associates, at Manchester, who have thus been taken from us during the present year.

1. Mr. Wm. Goodlad, whose death took place on the 14th of February, after a few hours' illness, had long been known as an able and judicious practitioner, and deservedly enjoyed the confidence of an extensive circle of friends. He early distinguished himself,—at a time when provincial surgeons, unconnected with hospitals, rarely undertook the greater operations,—by successfully tying the external iliac artery, for the cure of an inguinal aneurism, in 1811; and, in the following year, he obtained the prize offered by the London College of Surgeons, for the best essay on diseases of the absorbent system, which was published, with additions, in 1814. Mr. Goodlad was in the habit of paying peculiar attention to the state of the spine, as those members who have read his letter to Sir Benjamin Brodie, will be aware; and, in many cases no doubt by applying his remedies over a tender portion of the vertebrae, he has been enabled to afford relief, which other means had failed to give. It would be out of place here to enter more particularly into the history of our deceased friend's professional career; but we may be allowed to express our regret, that he should have been so suddenly cut off in the maturity of his powers, and before he had time to gather much fruit from the extended field of observation opened to him by his connexion with the large "Union Hospital" of Manchester.

2. Next in order was Dr. Marshall, who will be remembered as a regular attendant at these meetings, until his health began to fail, about two years since. He graduated at Edinburgh, in 1815; and, after a short service as a military medical officer, settled at Port Glasgow; whence he removed to Manchester, ten or eleven years ago. He likewise devoted much attention to diseases arising, or supposed to arise, from spinal irritation; and, in 1835, published a small volume on the subject.

3. Mr. Charles Greswell, who died a few weeks ago, after a gradual decline of many months' continuance, was one of a family distinguished for talent. He was himself a good classical scholar, and thoroughly imbued with a scientific and practical knowledge of his profession: but an impediment of speech, added to his natural shyness, tended to keep him back; and his merit was fully known only to a few.

4. The last of our losses now to be recorded, is the death of Dr. Chaytor, on the 1st of this month. Having graduated at Edinburgh, in 1833, and being of a retiring disposition, he had not yet had time to become extensively known; but his private friends observed with alarm his excessive devotion to study, and his extreme desire to obtain distinction. What they dreaded has come to pass; and the very path, by which he sought for honour, has conducted him to the tomb. Constitutionally ill-prepared to encounter the anxieties and fatigues of professional life, he could rarely be

said to enjoy perfect health; and, in the second year of his course as a lecturer on the practice of physic, he gradually gave way under the privation of needful rest and recreation, to which he submitted in the conscientious endeavour to fulfil to the utmost his obligations to his pupils; whilst, at the same time, discharging the duties of physician to two hospitals.

Examples of this kind, we fear, will in vain be held up to deter others from entering on the same fatal course. Urged on by the strong pressure of necessity, or by the lofty ambition of a noble mind, fresh victims will still rush forward, ready to sacrifice life itself, in pursuit of the very means of living."

GLOUCESTERSHIRE MEDICAL ASSOCIATION.

We were not aware when we inserted, last week, the second statement of the Medical Officers of the Gloucester Infirmary, that this document had been printed and circulated in the neighbourhood, and that a reply from the Association, being an extract of the proceedings of the quarterly meeting, held at Newnham, had also been published. We cannot now give insertion to this reply, but it is due to Mr. Wilton to say, that the Association expressed themselves perfectly satisfied as to the accuracy of his statement, and that with respect to the question of voting by the medical officers, letters from three of the Governors present on the occasion were read, from which it appeared, that the impression of these gentlemen had been, that the medical officers did vote at the meeting of the Weekly Board. These letters we have since had an opportunity of seeing, and however the misunderstanding on this point may have arisen, there can be no question but that they fully confirm the account originally given by Mr. Wilton.

HOMŒOPATHY, &c., AT A DISCOUNT!

A new reformer in medicine, *Ernest Mahner* by name, has sprung up in Leipsic. The prophet is foreshadowed even in his external appearance. He pretends that he has discovered, or at least brought to light again, the original and primitive Hygiène; and he has already committed to print a portion of his grand panacea. Abstracting himself from all former medical theories, he rejects alike allopathy and homœopathy; the nearest thing he comes to is hydropathy. It is his innate conviction, that by the adoption of his purely "Natural System," physic and physicians will henceforth be superfluous. That the man possesses a clear understanding, some wit, and is a ready speaker, we cannot deny; he lectures to crowds of students in *convictorio*, and at times also in the Rosenthal. If he is to be believed, he has made personal trial of his doctrines; for a time he dwelt in the wilds of America: at another, for the purpose of strengthening his system, he practised daily swimming in the sea in the month of January, during a sojourn at Calais; he also took long walks, stark naked, during a keen frost; lay amongst grass covered with hoar frost, &c., and all this for the purpose of testing to the utmost the powers of resistance of nature. In a word, his system may be described as emphatically "a hardening one,"—*Algemeine Zeitung für Chirurgie, &c.*

This system, in part at least, has long been in practice in the Highlands and Islands of Scotland, a visit to which would assuredly rejoice the heart of Herr Mahner. Even in some of the southern parts of the island, we do not despair of finding converts; the more striking his propositions, the more readily will he find such. *L'homme est de glace aux vérités. Il est de feu pour le mensonge.*—*London and Edinburgh Monthly Journal of Medical Science.*

CHARTER OF THE ROYAL COLLEGE OF SURGEONS.

A petition has been presented to the House of Commons from Mr. Guthrie, praying to be heard by Counsel at the bar of the House against the Charter lately granted to the Royal College of Surgeons of England.

A petition has also been presented on the subject of the Charter, on the part of the Medical Officers of the East India Company's Service. Colonel Fox, who presented this petition, gave notice of his intention to move for a copy of the correspondence which had taken place between the Government, Sir William Burnett, and others, with reference to this Charter, more particularly as far as the East India Company's Medical Officers are concerned.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, July 26th, 1844:—W. Monsoll; J. G. Grylls; J. J. Littlewood; G. W. Lillies; R. K. Pierce; R. Millar; J. Sole; G. Williams; H. C. Lucas; H. Edmonds.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The time for holding the anniversary now rapidly approaches, and the necessary information respecting the days of meeting, the time of holding the meetings, order of proceedings, and other particulars will be found in last week's number of the Journal, p. 262.

The Retrospective Address will be read by Dr. Cowan, of Reading, on Thursday morning, August 8th; the Retrospect of Anatomy and Physiology by Dr. W. Budd, of Bristol, on the previous evening.

OBITUARY.

DEATH OF DR. DALTON.—We regret to announce the sudden death of the celebrated chemist and philosopher, the venerable Dr. Dalton, of Manchester, whose decease took place at an early hour on Saturday morning. He had been in comparatively good health a few minutes previously. Dr. Dalton was in the 78th year of his age.

TO CORRESPONDENTS.

Communications have been received from Mr. Rumsey; the Birmingham Pathological Society; Sir John Fife; Mr. C. H. Higgins; Mr. C. R. Hall; and Mr. Crosse.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

LECTURES ON PUBLIC HYGIENE AND MEDICAL POLICE.

Delivered at the Manchester Royal School of Medicine and Surgery.

By JAMES BLACK, M.D., Manchester.

LECTURE 1st.

We shall now engage your attention in the following lectures, to some subjects of great public and social importance, which from the increasing interest and value now attached to them, both by the Government and municipal committees, are sufficient to engage our attention and consideration. Though the objects of public hygiene and medical police are not so closely allied and interwoven with those of the medical practitioner as several of those departments of forensic medicine which we have noticed; yet, as they can only be intelligibly and usefully considered by one who is professionally educated, and as they usually form no unimportant section of such similar courses of lectures as we have attempted to deliver, we should feel ourselves inexcusable if we altogether omitted them. There are many reasons of an increasing nature, why everything relating to the public health and to medical police should be more studied; for the increase of population, and that in denser masses than formerly, with the decreasing means of subsistence on the one hand, and the greater luxury and attention to social economy on the other, while the philanthropy of the age is ever ready to suggest objects and measures for its exercise, all call upon us to investigate what is injurious to public health, and to alleviate by all scientific means, the sum of human misery or unhappiness.

To acquit ourselves of this collateral duty of our profession, the public too gratuitously think, that the medical knowledge acquired in our medical schools, at the table of the anatomist, and in the laboratory of the chemist, is all that is necessary for to deliver a just opinion or to superintend any practical measure on this subject. A man, however, may be well acquainted with medical literature, he may be an excellent bedside practitioner, and a clever and eloquent professor, yet all these acquirements will not of themselves qualify him to be a fit and practical public hygienist or medical-police director. To be really useful, he must besides have an extended knowledge of natural

and chemical philosophy, of the soils to which his attention is directed, and of the geology of sites and neighbourhoods. He must also be acquainted with much exactness, with the effects which different trades have on those who exercise them, and with the important action of the several manufactories on plants and brute animals, as well as upon man. Statistical knowledge of life, disease, and mortality, must also form an important part of his acquirements, along with the frequent habit of visiting the abodes of art and manufacture, and the practical acquaintance with the details of mechanical and chemical processes on the greater scales. The habits and modes of domestic life and economy, among the industrious, working, and pauper classes, should also form a very necessary part of study and acquaintance to confer weight and confidence to any opinion or measure emanating from a professor or witness on the particular subjects belonging to public health or medical police.

For the more systematic understanding of these subjects, we shall then call your preliminary attention to some of the principle circumstances which affect the health of communities; and the first of these is climate. This principal circumstance chiefly depends on the temperature of the atmosphere, the hygrometric state of the air, and the force and direction of the winds. The temperature of any place is well known to depend, in a great degree, on its latitude. The inclination of the earth's axis to the plane of its orbit has served to diffuse the influence of the solar rays more extensively over the surface, than if the same points had always a vertical sun shining upon them. We may also easily conceive, what a difference in temperature would ensue at different seasons of the year, if the axis of the earth were either a little more inclined or a little more perpendicular than it is. If it were more inclined our winters would be colder and longer, and our summers hotter than they are; and if more perpendicular, then our two opposite seasons would be more equalized, but the tropical regions would be steadily more heated. The fossil remains of terrestrial vegetation in these temperate regions and as far north as Melville Island, all of which show a tropical character, might be explained by the earth's axis in primeval

ages being more inclined to the plane of its orbit than it is at present. The changes in temperature had been marked long before there was an instrument for measuring their extent, and hence we have the earth's surface distributed into parallel zones and called climates; but this theoretical arrangement was found to accord ill with observation, for different climates were observed to occur under the same parallels of latitude. The average or mean temperature of any place is now obtained from a series of thermometrical observations, carried on in the open air, and in the shade, throughout the year; and to procure the most correct average, the mean of several years should be taken. Water from deep springs or caverns, remote from volcanic or thermal influences, gives a very near index, by the thermometer, of the mean temperature of the place under observation. It has also been found that a series of observations taken at nine in the morning throughout the year, or at every hour during the month of April, will give a pretty accurate mean temperature of that place for the whole year.

Temperature is also considerably modified by longitude; thus it is found that the mean temperature of any latitude in western Europe is higher than that of the corresponding latitude in eastern Asia. The same difference is observed on the two sides of America, as may be seen by inspecting Baron Humboldt's chart of isothermal lines. A comparison of similar observations indicated to Sir David Brewster, that there were, in each continent, certain meridians on which the mean temperature is lowest in that parallel. These he termed the cold *meridians*, in approaching to which the mean temperature falls on either hand. Without taking further notice of this modification of climate, we may advert to one great cause that influences this unequal distribution of temperature; and that is the relative disproportion of land to water, and especially where a great extent of land is continuous with the polar regions. We may also notice that the eastern sides of all the great continents maintain a lower mean temperature than the western sides, but to what this is owing it is not easy to determine; perhaps the rotation of the earth from west to east may have some cosmical effect on this difference of temperature under the same parallel.

The principal circumstance, however, which modifies the effect of latitude as to temperature, is elevation above the level of the sea. As we ascend a mountain, the temperature falls, and in every region of the earth, if the mountains were sufficiently lofty, they would be found the abodes of perpetual congelation.

The limit of perpetual snow varies with the latitude; it is highest under the equator, and diminishes as we approach the poles; thus the point of perpetual congelation at the equator, is more than 15,000 feet above the level of the sea, while in

Britain it is about 5000 feet. As we, however, recede from the equator, considerable oscillations occur in the curve of congelation; for in the Himalaya range, there is a difference of no less than 4000 feet between the limits of perpetual snow on the northern and the southern sides of the mountains. As we proceed towards the temperate zones, we find, in mountains beneath the line of perpetual snow, immense bodies of ice, or glaciers, which are permanent throughout the year to all appearance, though they are owing to constant additions from above, while solutions at their lower borders are continually taking place; thus every portion in succession after its deposition at the top descends to be dissolved, while the form and situation of the glacier are permanent.

The law of the distribution of heat through the atmosphere is very uniform, and from a great number of observations in different parts of the world, the mean results are, that for every 100 yards of altitude, the thermometer of Fahrenheit sinks one degree. This uniform ratio is said by some accurate observers to be somewhat modified, by the altitude increasing in a greater proportion than the temperature decreases, thus, if the first 252 feet be equal to one degree of decrement, the next 255 will be equal to another fall of one degree; 258 to the third degree, and 261 to the fourth, and so on.

By the same law the temperature increases with the descent from the level of the sea, and is found to exhibit an augmenting ratio to the bottom of the lowest mines, being at the rate of one degree Fahrenheit, to about every 16 to 18 yards of descent. I need not enter into the explanation of the causes which determine this law of increase and decrement of temperature in the atmosphere. It simply depends, as you will recollect, on the different capacities of air under different densities for caloric; the denser the air, the less capacity it possesses for heat, and the rarer it is, it has the greater capacity. Thus a pound of air at the surface of the earth will feel warm, or give out heat, but transfer this same pound to an upper stratum of the atmosphere, it will expand from less pressure, and by expanding will absorb heat, which becomes specific, and so produces cold both to sensation and the thermometer.

We thus have noticed that climate is greatly, if not chiefly influenced by latitude, by longitude, and also by elevation.

The purity of the air is nearly the same in all parallels of the earth's surface, and at all elevations, it is only disturbed or impaired by local impregnations, and modified by temperature and the quantity of aqueous vapour which it may hold in solution. So wonderfully are the constituents of the atmosphere balanced together and united, that whether the air is analyzed from the top of the highest mountains, or from the lowest plains, it is found to be composed of exactly the same

ingredients, and in the same proportions, so as to warrant the idea that the whole is a chemical combination, and not a mechanical mixture of gases. The most authenticated analysis is as follows:—

	Measure. Weight.	
Oxygen in 1000 parts	210.0	233.2
Nitrogen	775.0	755.5
Carbonic Acid	0.8	1.0
Aqueous Vapour	14.2	10.3
	1000.0	1000.0

The proportions of the two main constituents are not, on good authority, found to vary but a fraction in the open air all over the globe, but the quantity of carbonic acid is found to vary a little, and that of aqueous vapour is generally in proportion to the temperature.

Air from the top of Rivington Pike, in this county, at the height of 1300 feet above the sea level, has been found to contain one and a half volume less of carbonic acid in 10,000 volumes than air experimented on 800 feet lower. Notwithstanding the very irregular evolution of these several constituent gases into the atmosphere, arising from the growth of vegetables in summer, under the open rays of the sun, giving rise to the greater production of oxygen gas, and from the respiration of congregated animals, both brute and human, and above all from the great masses of combustion going on in many places, and producing great quantities of carbonic acid gas; yet such is the conservative principle in the atmospheric ingredients, that from the repulsion of their respective molecules to each other, they are soon diffused through the whole aerial mass; and any undue production of any one of them, in one point, is forthwith disseminated through the interstices of the molecules of the others, until a constant and uniform mixture is maintained. This general law of diffusion does not, however, absolutely prevent such temporary and local accumulations of some of these ingredients, as may be injurious to animal life and health, as we shall notice when we come to speak of special sites and climates.

I may mention another curious result of the independent, yet regulated condition of these gases, that of the whole pressure exerted by them, each exerts its own force, thus of the 30 inches of mercury supported, nitrogen sustains 23.36 parts, oxygen 6.18 parts or inches, aqueous vapour only .44 of an inch, and carbonic acid only .2 of an inch, each being in proportion to its quantity.

Though the oxygen and azote of the atmosphere preserve nearly a uniform ratio to each other, yet as I have stated, and owing to the much greater specific gravity of carbonic acid gas, which is 1.527, while oxygen gas is 1.111, and azote 0.9722, this heavy gas does not so readily diffuse itself from the foci of its generation, as is felt at the Grotto del Cani, near Naples, at a lake in the Cordilleras, and another in Java, over which a bird can scarcely fly without being asphyxiated. This gas will remain a long time undiffused in the bottom of

shafts, wells, in low sinks and cellars, whereby the human health and life is at times impaired, and put in jeopardy. In dry weather it is apt to accumulate in low courts and underground cellars in large towns, especially if they are situated near, or surrounded by, processes requiring much combustion, and where charcoal furnaces are in operation. I have detected a marked difference in the quantity of lime water precipitated from air taken from the top of my house, and from the cellar floor, after a long season of dry weather. There are various modes of testing the quantity of carbonic acid in the air, by causing it to be absorbed by either lime water, pure barytic water, or by a solution of caustic potass. When we use lime water to any measured quantity of air, we collect the precipitate, which is carbonate of lime, weigh it, and for every 6.25 grains of it we allow 2.75 grains for carbonic acid; or multiply any weight we get by 0.44, the product is the weight of carbonic acid. As 100 cubic inches of carbonic acid gas, under mean temperature and pressure, weigh 47.4691 grains, it is easy to calculate the cubic inches of gas that may be contained in the air experimented on.

In our large towns, such as Manchester, where many processes of manufacture are going on, requiring the combustion of much coal, two other chemical ingredients can easily be detected in the urban atmosphere, and these are ammonia and sulphuretted hydrogen, or the hydro-sulphurous acid gas. The former of these I have found to prevail in a considerable quantity in the air of this town, after periods of dry weather, by simply evaporating a portion of water impregnated with a little hydrochloric acid that has for some time been exposed to the free atmosphere, when, by adding caustic lime, fumes of ammonia will be perceptibly evolved. The quantitative analysis I have not yet ascertained.

The sulphuretted hydrogen is also easily detected by transmitting portions of the air through a solution of acetate of lead, when a dark precipitate will appear, and may be collected to ascertain the relative proportions. This gas may also be discovered in the air by exposing to it a slip of litmus paper, which in a few hours will be reddened. This change will also be occasioned by carbonic acid gas, when it is very prevalent. The exact operating agency may, however, be ascertained by a few subsidiary tests. One great cause of the disengagement of these adventitious gases in our urban atmospheres, is the immense disproportion of inferior or engine coal, which naturally contains much more sulphur and azotic exuvia than our poorer bituminous coal used for household purposes.

Another important constituent of the atmosphere remains to be noticed, and it is one that principally gives the character of *weather* to it. This is the hygrometric state of the air. This state bears a chief consideration in all that relates to climate, and forms one of the most popular objects of atten-

tion to the hygienist and invalid. The proportion of aqueous vapour varies greatly, and is dependent on temperature and pressure. The air at the poles contains the least of it, and at the equator it is at a maximum. Thus the elastic force of vapour at 32 degrees is only one-fifth of an inch, while mercury is 30 inches, or it weighs only the 1-150th part of what an equal bulk of air does at that temperature. Again, the elastic force of vapour at 60 degrees is 0.516, or above half an inch, and it weighs one-sixtieth of an equal bulk of air, while at 212 degrees its weight is to that of air as 5 to 8. So, therefore, the warmer the climate, there is more aqueous vapour in the atmosphere, but it is normally far short of the point of saturation, else rain or fogs would be continually occurring in warm countries.

It is very necessary to be acquainted with the meteorological results of air being mixed with vapour in different proportions, which as we have said, depends on temperature. For example, when a cubic foot of air at 32 degrees, and having an elastic force equal to 30 inches of mercury, is mixed with a cubic foot of vapour at the same temperature, and having only an elastic force of one-fifth of an inch of mercury, the volume that results is not two cubic feet, but only 1.0066 feet. Hence, the addition of vapour to air adds little to its bulk, and consequently diminishes but little its specific gravity. Again, two volumes of air at different temperatures, but each fully saturated, will produce two volumes, having a mean temperature, but the mixed tensions of the vapour will not be a mean, but above it, so that there will be a condensation or precipitation of the vapour, thus:—

1 vol. of air at 60°, having its force }	
of saturated vapour . . . }	.524 in.
1 ditto at 40°, ditto . . .	.263 in.
. . . mean tension . . .	.393.5
Me. temp. 50° . real tension .	.375
	18.5

Thus 18.5, or say 2 is only at 50 degrees equal to 1-1500th part of the bulk of the air engaged, and would produce but little vacuum from condensation. According to Dr. Dalton's tables of tension it appears, that though the mean temperature of the air at the equator is 80 degrees, the point of saturation with vapour is 19 degrees below this, or in other words, it requires air carrying vapour from the earth to ascend to the height of from 6000 to 7000 feet before it suffers its moisture to be condensed, and this only when the ascending air is nearly saturated.

The quantity of rain, as well as its mode of falling at any place, has a considerable influence on its climate. The most reputed wet situations are not those at which most rain falls during the year. The mean annual rain in the West Indies averages 120 inches, though for six months at a time none may fall. At Calcutta the average is 81 inches; at

Rome 39; at Liverpool 32; at Edinburgh 24; at Glasgow 30; and at Manchester, according to Dr. Dalton, 35,117 inches has been the average for 49 years. Some most extraordinary falls of rain have taken place in some places in very short periods of time. Thus:—30 inches fell at Genoa in 24 hours, in Oct., 1822; 29 inches at Joyeuse, in 22 hours, in Oct., 1827; and at Gibraltar, in Nov. 1826, 33 inches fell in 26 hours.

The quantity of vapour, its force of tension, or what is called the dew-point, is estimated by hygrometers of different kinds, as Leslie's and Daniel's; but Dr. Dalton's simple mode is perhaps as correct as any. The quantity of rain is measured by the rain gauge. There are different forms of them also, but Professor Phillips' hemispherical discs exposed to the four cardinal points with a horizontal one at top, with gutters to them, seems to offer the best test of the fall of rain either in calms or storms.

Adverting then to the foregoing elementary consideration of the constitution of the atmosphere, as to temperature, nature of the normal and adventitious gases, and the vapour which is always more or less a modifying agent, we may easily infer, irrespective of experience, how animal life and all the contingencies of health may be affected by atmospherical conditions. Thus temperature alone will have a great effect on the physiology of respiration, and through this function, on the oxygenation of the blood and nutrition. The capacity of the chest in any adult may be said to be a constant quantity. At every respiration the volume of air that enters the lungs may be considered as uniform, and consequently the oxygen which the air contains, at any temperature will be constant. But as the temperature varies, so will the weight of air differ as to its volume, therefore the quantity of oxygen will vary also. Air being expanded by heat and contracted by cold, will contain unequal weights of oxygen to the same volumes of air. In summer or in a warm climate, therefore, the lungs exercising the same number of respirations in a minute, and the same volume of expansion, will pass less air and consequently less oxygen through the lungs than they will do in winter or in a cold climate, using the same mechanical exercise. In the former meteorological conditions, the air is more saturated with vapour, which displaces a proportional volume of air; therefore we see that temperature alone, and more so with a greater hygrometric state of the air, will much influence the functions of the lungs, and consequently the health of the animal.

As the air, when dry, is found to expand at the rate of 1-4688th part of its volume for every degree of Fahrenheit, it follows that the air, in being heated from 32 to 80 degrees, or to the extent of 48 degrees, will be dilated to above 1-10th of its volume, and so it will require a person to perform eleven respirations in the warmer atmosphere for ten in the colder, to transmit the same quantity

through the lungs; and this will require two or three more inspirations in the course of a minute. Whenever we add to this the additional vapour which is contained in a warm atmosphere, which is ordinarily about 1-60th of the whole volume, we can easily perceive to how much labour the lungs are subjected, in a warm climate, in order to appropriate the same quantity of vivifying principle as they more easily do in a colder. We may say, that the inhabitant of an elevated region, from the necessary rarefaction of the air, will also be subjected to a similar disproportion of oxygen in the air which he inspires. True, the air at three miles of altitude, has only 15 inches or half the density which it has at the level of the sea; but then it is cooler and freer from latent vapour. It is also purer, which, combined with the condensation from cold, gives the mountaineer a quick but ample respiration, increases the circulation of the blood, and heightens his colour; but from a less pressure in the atmospheric column, he is more subject to hæmoptysis and inflammations of the chest, than the inhabitant of the plains.

Liebig has rather too absolutely stated the effect of diminished atmospherical pressure, if applied to residence in elevated situations, when he says that the quantity of oxygen inspired, and of carbonic acid expired, must vary with the height of the barometer. As a general law, we agree with him, that we expire more carbon in cold weather, and when the barometer is high, than we do in warm weather; and we consume more or less carbon in our food in the same proportion; thus, in Sweden, more than in Sicily; and in our more temperate climate, an eighth more in winter than in summer. We must also recollect that the barometer will often stand as high in warm weather as in cold, and though there is diminished pressure in elevated situations, yet there is a condensation corresponding to the reduction of temperature, and in many instances a less impregnation of vapour, which will considerably modify any deductions drawn from mere difference of temperature. In following this illustrious chemist, we should be led to consider climate as entirely having a relation to temperature, and this as affecting the consumption of carbon in the lungs; for, he says, "in different climates the quantity of oxygen introduced into the system of respiration varies according to the temperature of the external air; the quantity of inspired oxygen increases with the loss of heat by external cooling, and the carbon or hydrogen necessary to combine with this oxygen, must be increased in the same ratio." Thus the Samoyedes and the Esquimaux are compelled to consume food, as oil and blubber, which contains a great proportion of carbon, in order to meet the greater demand for combustion within their lungs from the increased inhalation of oxygen. For the same reason the Neapolitan, and more so the West-Indian and the Hindoo, take less of this carbonaceous food, because they ordinarily inspire less

oxygen, which is the supporter of the combustion of carbon. From our countrymen eating as much food, especially of a fibrinous and glutinous nature, in tropical countries, as they have been in the habit of doing at home, their systems get overcharged with unconsumed carbon; hence too much bile is secreted, and it is thrown upon the intestines more profusely, and so gives rise to bilious fluxes and dysenteries. On the other hand, those whose digestive organs are weak, and cannot assimilate much carbon, are benefitted by removing to an atmosphere where the supply of oxygen at each inspiration is less, and more on a par with the carbon that is assimilated by the impaired state of the digestive organs. For the same reason, where the lungs are curtailed in their functions, as from phthisical tubercles, a removal from a cold climate, where the force of oxidation is too great, to a warmer climate, where it is less, is commendable, and often found beneficial. On the same principle, in our own climate, pulmonic diseases prevail more in winter, when the supply of oxygen is at the yearly maximum; and hepatic diseases in summer and autumn, when the supply is at the minimum, while the supply of carbon is not proportionably diminished.

From what we have stated, it is seen that many elementary conditions of the atmosphere, viz., latitude, longitude, and geographical elevation, are necessary to be considered to form an estimate of climate, as it affects the animal body. We moreover find, that in addition to the general effects, there are often local conditions that give a greater development to some injurious effects on the human body, in one place more than another; such as the production of agues in marshy districts, of goitres and cretinism in some mountainous regions, of dysenteries and liver complaints in various tropical plains, and of fatal pestilential fevers in other localities, not to forget the familiar evils of scrofula phthisis, and ricketts, in our changeable climate. It appears, also, that any frigid climate develops tubercles in the Malay, and very often in the Negro; while we are told that the marshy plains of Demerara and Surinam, though inimical to the Anglo-Saxon race in producing many fatal complaints, are both preventive and curative of phthisis; so also the fens in Cambridgeshire. There is indeed some reason for believing that the climatorial causes of ague and of pulmonary consumption are antagonist powers, and do not prevail together in the same localities.

The statistical information which is now obtaining from many quarters of the world on the subject of medical topography, is of the greatest importance in directing the migration of invalids, the route of expeditions, and the establishment of new settlements and colonies. If more attention had been paid to this subject, this country would not have had to deplore the fate of many of our military enter

prises, and the loss of many of her sons on the shores of pestilential countries.

In practically studying climate, a due consideration must be given to the telluric, as well as to the meteoric character of the country or locality, and even the geological structure must not be overlooked. A subsoil of clay or lias will produce a greater humidity in the incumbent atmosphere, than one of limestone, chalk, or sand, which are more porous, and permit the more ready absorption of rain or surface-water, thereby tending to keep the point of saturation of the air at a greater difference from the temperature. Hilly ranges of sand or chalk, from absorbing less of the solar heat, render the air generally warmer than those composed of marl, clay, or schistose strata, which, being better conductors of heat, absorb more, and keep the incumbent air at a lower temperature, while the water being more retained on the surface, is more subject to evaporation. Chalk hills are observed to be less affected with thunder storms than other rocks. In some volcanic countries, as in parts of Italy and the Ionian Islands, the local climates are much influenced by telluric emanations, issuing either perceptibly or by unperceived exhalations, through the surface. These deleterious gases have been detected to be either carbonic acid gas, azote, or the sulphuretted hydrogen, and in several of the pestilential shores and bays of Africa, the latter named gas has been alleged to be the morbid agent in the production of those fatal endemic fevers which create such devastation among Europeans. This gas in these tropical regions does not issue from the earth, but is generated on the surface from the decomposition of the sulphates in sea water, arising from the putrescence or oxidation of vegetable matter exposed to the hot rays of a tropical sun.

You are aware, that a very scientific attempt has been made to prevent if not to destroy the deleteriousness of this malarious atmosphere, by Professor Daniel, by diffusing around ships visiting these spots, and around dwellings situated within its influence, the vapours of chlorine. This gaseous element, from its great affinity to hydrogen, readily decomposes the sulphuretted hydrogen, and so it was fairly thought that a proper diffusion of it would rob these pestilential places of all their fatal poison. The late lamented expedition to the Niger was accordingly amply provided with apparatus for this purpose; but alas, the hidden monster could not be evoked, and science was confuted by the numerous deaths that resulted in that expedition.

Dr. William, surgeon of the *Albert*, could detect no sulphuretted hydrogen in the river Niger.

There is perhaps no incidental circumstance that influences local climate more than the direction of the winds, and whether they generally blow from the land or from the sea, or whether over hills or extensive plains before reaching the spots in

question? And again, whether the hills are to the north or south of the place?—and whether the sea lies to the east, west, north, or to the southward? The solving of the healthiness, comfort, or otherwise, of any topical climate will depend very much on the existence of one or more of these circumstances, and this can only be determined by having a special instance before us. One wind, as to its azimuth direction, may be healthy in one country or place, while it may be the contrary in others; and the sea or a lake being situated to the north or south may make a very marked difference in the climate of any place. As the consideration of these more restricted views of climate leads to the subject of special hygiene, we will reserve its farther notice to next lecture.

CASE OF STRANGULATED FEMORAL HERNIA, ENDING IN MORTIFICATION OF THE INTESTINE. RECOVERY OF THE PATIENT.

By RICHARD CHAPMAN, M.R.C.S., Kirby Moorside, Yorkshire.

June 3rd, 1833. At five o'clock p.m., I visited Mrs. Petch, of Rosedale, a widow, aged 67, and found her labouring under symptoms of strangulated femoral hernia on the right side, in which state she had been during the last thirty-three hours. At the time, she complained of severe pain in the tumour, which was about the size of an orange, with sickness, vomiting, thirst, and furred tongue; pulse regular and nearly natural, and not much fever. She is of good constitution, and has had a tumour in that situation upwards of thirty years, which for the last ten or twelve has been irreducible, and the present strangulation is probably caused by a cough which she had for a few days. I tried the taxis in the manner recommended for femoral hernia, by first pressing down the tumour, which appeared to be reflected over Poupart's ligament, with one hand, whilst, with the fingers of the other, I endeavoured to return that part of it which was nearest the crural ring, but failed in the attempt. Bleeding to syncope (18 ounces) was immediately had recourse to, and the taxis again tried with no better effect. At a quarter past ten, the one half of a pint of the infusion of tobacco was injected, without producing any effect; in half an hour afterwards the remainder was injected, which was shortly followed by sickness, cold sweats, and almost imperceptible pulse; she remained in this state almost half an hour; and after the effect was gone off, the swelling became somewhat easier.

4th. At 7 a.m., I visited Mrs. Petch again, and finding it impossible to reduce the hernia by a gentle trial of the taxis, and other means having failed, I determined upon having recourse to the operation, in which I was assisted by Mr. Daniel Barker, my nephew, at that time my assistant. She was placed upon a table in a good light, the head and shoulders elevated with pillows, the legs hanging over the end of the table. I commenced the operation by making an incision over the middle of the tumour, beginning at its upper part, and carrying it downwards in a direction pointing from the navel to nearly the bottom of it, which constituted the leg of the inverted

1. The length of this stroke was about four inches, the head of the *I* was made at right angles with the leg, and nearly of the same length; the angles were then reflected, and the fascia propria exposed, which was divided and opened in the usual manner. The tumour was now clearly exposed, being enveloped with the peritoneum or sac, which was extremely thin, and *closely adherent to every part of it*; this, so far as was necessary, was separated, chiefly with the finger, from the intestine, the neck of which was very long, and tightly strictured by the crescentic margin of the crural arch; the adhesions were also so strong as not to allow of the director being passed without some force, and as soon as the stricture was divided a gentle attempt was made to return it, which freed the intestine of the flatus, and greatly reduced its size. The adhesions being of old standing, it was not considered prudent to make any further attempt at reduction.

The intestine presented a healthy appearance, and contained a large quantity of feculent matter. The lips of the wound were brought together by four sutures and adhesive plaster. A common injection was ordered every three hours; and an ounce of a strong mixture of sulphate of magnesia and infusion of senna was directed to be taken every hour, commencing three hours after the operation.

7, p.m. Some thirst, skin rather hot, pulse regular and soft, bowels thrice opened, but not very copiously, nearly free from pain. Continue the mixture and injections.

5th. 7 a.m. Has slept three or four hours in the night, bowels have been *moved about twenty times*, and some of the evacuations were very copious; tongue covered with a brown fur, considerable thirst, pulse betwixt 90 and 100, rather full; there is tenderness of the abdomen, but no swelling or tension. Omit the purgative medicine. Was bled to 16 ounces, the blood being covered with a thin buffy coat.

6, p.m. Bowels have been thrice moved, with some pain in the abdomen; other symptoms the same. Apply twelve leeches to the part in pain. Two grains of calomel to be given every night and morning.

6th. 9 a.m. Has had a tolerably good night; no alvine evacuation since last report. No pain or tension in the tumour or abdomen; slight tenderness on pressure; pulse about 90 and softer; tongue brown, but cleaner at the edges. To have an ounce of the purgative medicine before prescribed, every three hours, until the bowels are moved.

7, p.m. Has had five alvine evacuations, and remains as in the morning. Twelve leeches to the abdomen. Wound dressed for the first time, and looking healthy; adhesions taking place: in the lower part of it a slight discharge of bloody matter.

7th. Has slept about four hours at intervals during the night. Tongue clean; fever and thirst abated; no pain in the abdomen; slight tenderness on pressure; wound improving. To have an ounce of the purgative mixture every two hours.

7, p.m. Bowels four times opened; other symptoms the same. Has had three hours sleep during the day.

9th. Wound discharging a thin sanious matter. At the bottom part is a substance resembling *fascia* or *cellular membrane*, protruding through the lower part

of the wound, in a *state of gangrene*. Three of the sutures removed. Pulse the same as at last report; tongue glazed; bowels open.

10th. Has passed a restless night; pulse slow; bowels open; wound more open, and the substance protruding, evidently a portion of the bowels, in a state of gangrene.

11th. Has had a good night, slept well, and describes herself *as better*. No separation of the mortified part.

12th. A restless night: the attendants think that some of the *fæces* have passed through the mortified intestine; some long shreds of it having separated. Appetite good; pulse 85; tongue clean.

13th. Two evacuations *per anum*, since last visit. Wound filled with mortified intestine; no discharge of *fecal matter* through the wound.

14th. All the symptoms favourable, and there is good ground for supposing that the mortification has extended no further than the neck of the sac. Appetite good; is taking quinine and animal food.

15th. Wound discharging healthy pus; two evacuations *per anum*; mortified part separating; health improving; appetite good.

16th. The same as at last report; bowels ordered to be gently moved.

17th. Wound diminishing. Pieces of lint inserted underneath the mortified intestine.

20th. Slough separated. Bowels to be kept in a laxative state.

August 14th. Wound on the point of cicatrizing; intestinal canal performing its functions regularly; health nearly restored.

REMARKS.

For a period of four months this patient remained wholly cured of her hernia, but since then a new descent has taken place, which is reducible, and for which she wears a truss. I attribute the mortification to the breaking up of some of the adhesions on the upper part of the tumour in order to make way to the stricture. It was, properly speaking, a sloughing of the anterior part of the intestine, caused by the vessels between the sac and the latter being torn, the posterior part of the tumour and sides retaining their vitality, the adhesions there being undisturbed. The slough not separating for about a fortnight formed a barrier against the escape of *fæces*, and the bowels being carefully preserved in a laxative state by aperients, enabled the *fæces* to pass through their narrowed channel until healthy granulations had taken the place of the sphacelated portion of intestine. It is probable, if the strangulated portion of intestine could have been liberated in this case by dividing the stricture external to the sac, as has since been recommended by Mr. Key, the mortification would not have followed, and much suffering and danger have been avoided.

Kirby Moorside, July 18, 1844.

MR. TURNER ON THE ASTRAGALUS.

LETTER TO DR. HASTINGS.

My Dear Sir,—As the lecture, which was the foundation of my paper on "DISLOCATIONS OF THE ASTRAGALUS," published in the 11th volume of the "Provincial Medical and Surgical Transactions," was delivered at your request, as Honorary Secretary,

in consequence of the otherwise unoccupied hour caused by the absence of the author of the "REPORT ON SURGERY;" I deem it right to address you, and through you, the members of the Provincial Medical and Surgical Association, upon the hypercritical observations which appeared on that paper, in the last number of the "British and Foreign Medical Review." At the uncourteousness of these observations I am not a little surprised, when I recall to mind, *that the Editor of that Review was present at the Exeter meeting when the lecture was delivered; that he knew (I presume) the circumstances which called it forth; that he was acquainted with the fact that a few hours only were allowed me for its preparation; that a very short space of time was afforded for complying with the request of the members of the Association to draw up a report, embodying my facts and reasoning upon luxations of the astragalus, for publication in the next volume of their Transactions; and that the paper was committed to the press within a few months after the period of its delivery.* When these circumstances are recollected, and when it is borne in mind that the subject had not been treated in a monographic form before, that the cases lay scattered through numerous volumes, that it was desirable to accumulate additional information from private sources, and thus to obtain *unedited*, as well as edited examples of the accident, and that the whole required to be arranged and reasoned upon, so as to give a scientific form to the subject, which, avowedly, had not been previously done, nor attempted; I think the reviewer ought to have acquitted me of the charge of want of diligence in collecting sufficient materials to justify the practical conclusions at which I arrived, and which, with some trifling untenable objections, are admitted by the reviewer himself to be "very judicious."

It cannot of course be supposed that a PHYSICIAN is the author of this unfriendly critique, (for to the appellation of a review it can have no claim whatever,) still, the Editor of the "British and Foreign Review" is the responsible party; and acquainted as I am, and as all who know him must be, with his cautious proceedings, and the care with which his publication is edited, it cannot, for a moment be supposed that he would allow any article to appear in its pages, without being subjected to the ordeal of his scrutiny. I think that I have, therefore, a right to complain of the injustice which has been shown me in that quarter. The *animus* exhibited in the critique is too obvious to escape the notice of any unprejudiced and candid reader, and is unhappily akin to that, which has been too evident, in reference to almost every paper that has appeared in the volume of Transactions; but in my reply, I shall not deal with this circumstance; my wish is to satisfy the members of the Association, and all others into whose hands the essay and the critique may have fallen, *that I have not wantonly or disingenuously misquoted, or abridged the cases which I have adduced in favour of my practical suggestions; that I have taken no liberty with any case, or with any author to serve a pre-conceived opinion; and that the facts brought forward are sufficiently striking, and sufficiently numerous, to entitle the paper to the appellation of STATISTICAL; and to establish the principles of treatment*

which I have laid down as applicable to the different forms of the accident to which the paper refers.

The reviewer would fain make it appear, that I have not done justice to the work on "Dislocations and Fractures of the Joints," by the late Sir A. Cooper, and now edited, with valuable additions, by his nephew. To do *injustice* to such a man as the author of that inestimable volume, whose reputation is as wide as the world, and whose works will long outlive him, is impossible; and the best answer, that can be given to such an implied accusation, is, that Mr. Bransby Cooper has, unsolicitedly, expressed by letter, his approbation of the essay, as well as a desire to avail himself of the arguments which it contains, in the forthcoming new edition of Sir Astley's work. If a difference of opinion have been shown in reference to the comparative frequency of simple and compound dislocations, it is an opinion founded on statistics, and with every unwillingness on the part of the reviewer to allow that my statement is correct, he confirms its truth by additional evidence. Still averse, however, to concede the point, and in the face of his own admission, that "*the addition of the unselected cases we have referred to would lead to a result directly contrary to Sir A. Cooper's opinion, for the numbers then would be thirty-one simple, and forty-two compound;*" he further adds, "*it remains to be seen, however, whether Sir A. Cooper's opinion may not prove true, if ever a very extensive series of cases is selected.*" Such servile adherence to authority admits of only one interpretation, and would have been most distasteful to the honourable mind of Sir Astley Cooper, had he lived to read it, for as the discovery of the truth was the aim of all the practical labours of that distinguished surgeon, he would eagerly have seized the fact, although it had been elicited by the researches of a provincial hospital surgeon.

But injustice is further implied in my not having quoted *all* the cases detailed in Sir Astley's volume. The reviewer remarks, "*fourteen cases of dislocation of the astragalus are mentioned, four copied from other works, and ten either original, or communicated to the author; of these fourteen cases Mr. Turner quotes but eight, and consequently omits six, all of which were compound dislocations.*" Let us enquire into the validity of these observations.

Sir A. Cooper's cases referred to by the reviewer.	Mr. Turner's cases selected from Mr. B. Cooper's edition.
Case 186 Mr. James'	Case 37
" 187 Mr. Downes'	" 13
" 188 Mr. Phillips' 1st	" 39
" 189 Mr. Phillips' 2nd	" 40
" 190 Sir A. Cooper's	" 12
" 191 Dr. Sym's	Omitted.
" 192 Mr. Trye's	Omitted, but incidentally alluded to at page 471 in the Transactions, and at page 107 of the presentation copy.
" 193 Mr. Cline's	
" 194 Mr. Green's	Omitted.
" 195 Mr. Green's	Case 7, although a doubtful case.
" 196 Mr. Liston's	
" 197 Mr. Miles'	Omitted.
" 198 Mr. Ceely's	Case 35
" 199 Guy's Hospital	" 29
" 200 Mr. Cline's	Omitted.

It would seem, therefore, that seven instead of "six" cases, have been omitted; for if the reviewer chose to admit the 200th case, assuredly case 199 ought not to have been excluded.

On referring to the table of comparison, it appears that I have given the most striking particulars of eight, incidentally alluded to one, and omitted altogether six cases; and the reviewer does not leave us in doubt as to the omissions to which he refers. He says—

"Three were reduced and recovered, which are . . . Cases 193, 194, & 200
 "One was unreduced" . . . Case 191
 "And in the remaining two excision of the astragalus was performed" . . . Cases 192 and 196

I originally subjected each of these cases to a fair analysis, and satisfied myself that they are *not* illustrations of dislocation of the astragalus, according to the correct technical definition of this accident, and thus I was justified in omitting them. Case 193 is not an example of the accident under consideration; it is, as stated by the author, "*a dislocation of the right astragalus from the other bones of the tarsus; the astragalus was dislocated inwards from the navicular bone, and os calcis, so as to have its inferior articulating surface resting on the inner edge of the os calcis.*" It was obvious that in this case the astragalus still held its connexions with the tibia and fibula, (at least we are not told to the contrary,) whence it was not, correctly speaking, dislocated; and the reduction consisted in the replacement of the navicular and calcaneal bones, which had been forcibly separated from the astragalus. It was, in truth, an illustration of luxation of the bones of the foot.

Neither is case 194 an example of dislocation of the astragalus, but as Mr. Green properly calls it, "*a case of compound luxation of the tarsal bones, in which the astragalus was thrown outwards, or, in other words, the other tarsal bones were dislocated inwards from it.*"

The reviewer refers to a case, page 336 of Mr. Cooper's edition, where the bone was reduced. In this page there are two cases, Nos. 199 and 200, but neither of them could be admitted as examples of the luxation in question. Case 199 is entitled by Sir A. Cooper "*Dislocation of the os calcis and astragalus;*" and case 200 is arranged under the same title.

In reference to No. 199, its nature is unequivocally that of dislocation of the anterior from the posterior range of tarsal bones. Sir A. Cooper tells us "*that the os calcis and astragalus remained in their NATURAL situation, but the fore part of the foot was turned inwards upon these bones.*" And with respect to the 200th case, Mr. South, who communicated the particulars to Sir Astley states that the wound "*exposed the articular surface of the astragalus with the navicular bone on the fore part, as well as that with the os calcis on the outside, from both of which bones the astragalus was displaced. ITS CONNEXION WITH THE TIBIA AND FIBULA, HOWEVER, WAS UNDISTURBED.*"

The Surgeon, therefore, who wishes to have correct views of the anatomico-chirurgical nature of luxations of the astragalus, will have nothing to regret from the exclusion of these cases from my statistics; and will be little disposed to adopt the language of the reviewer, "*that the omission of Sir A. Cooper's 200th case (pp. 336 and 7) is the more to be re-*

gretted, as it is an example of an exceedingly rare form of dislocation of the astragalus not noticed at all by Mr. Turner; that, namely, in which the bone is displaced from the os calcis, and os naviculare, while its connexion with the tibia and fibula remains undisturbed." Thus it would appear that the reviewer himself requires to be informed as to what is really meant by dislocation of the astragalus; and although I may be considered presumptuous in attempting it, I shall, nevertheless, endeavour presently to set him right upon this subject.

The reviewer continues, "*one case was kept unreduced, the bone sloughed out, and the patient recovered.*" These remarks refer to case 191, of Mr. B. Cooper's edition, which I acknowledge to have omitted, because it cannot come under the head of "*dislocation of the astragalus.*" Sir Astley's object in referring to the case was, doubtless, to show, that the discharge of the astragalus, in a "*compound dislocation of the ankle joint*" did not prevent the patient's recovery; wherefore, he mentioned it to prepare the surgeon to understand, that excision of this bone, as performed by Mr. Trye, (whose case is next alluded to,) is not incompatible with the safety of the patient, or the preservation of a useful limb.

The remaining two cases adverted to by the reviewer in which excision was accomplished, refer to Nos. 192 and 196; the former case is that of Mr. Trye, of Gloucester; and the latter is Mr. Liston's. Mr. Trye's case has been incidentally alluded to by me, as illustrating the *practice* of extirpating the astragalus; but the particulars have been intentionally omitted, as the case is of a doubtful kind. Mr. Liston's case (196) is an example of compound comminuted fracture of the astragalus, and as such Mr. Liston has clearly characterized it, in saying, "*that immediately below the external malleolus there is a wound, an inch and a half in length, through which the astragalus, broken into numerous fragments, protrudes.*" It is, in truth, an analogous case to that communicated to me by Mr. Gaskell, of Lancaster, and inserted at page 469 of the Transactions, and page 105 of the presentation, or reviewer's copy; and is not placed in my essay amongst the cases classified (according to a correct acceptance of the surgical term) as *bona fide* examples of dislocation of the astragalus, a subject which we will now briefly discant upon, in order to find more favour in the eyes of the reviewer; to wear off some of the asperities of his criticisms; and to save time and trouble in exposing some other unfair attacks which he has made on the essay in question.

Mr. Trye's case *even* is not an example of isolated dislocation of the astragalus. It is stated by the author "*that the os calcis was displaced from its articulation with the os cuboides, but NOT from its articulation with the astragalus;*" the case, therefore, was probably one of compound dislocation of the posterior range of tarsal bones forwards and outwards. To constitute a dislocation, all the articular surfaces must, in some degree, be displaced. If the astragalus be separated from the bones of the leg, and still retain its connexion with the bones of the tarsus, the accident is a luxation of the ankle joint. If the astragalus retain its natural attachments with the tibia and fibula, but happen to be torn from the os naviculare, or os calcis, or both, it would not be a dislocation of the astragalus.

galus, but a diastasis, or disjunction of one, or both of these bones from the astragalus. In a word, so long as this bone is in situ, in reference to either of the bones of the leg, or those of the foot with which it is articulated, the astragalus *itself* is not dislocated, although it may be made to deviate from its natural position, in obedience to the traction which it experiences through the medium of muscles acting on the bones, with which it is still tied by ligamentous textures. Thus, if the astragalus be forcibly separated from the navicular, and calcaneal bones, it may obey the movement of the leg, and may be exposed, or made to protrude inwards or outwards, and to give to the limb the aspect of dislocation of the astragalus inwards or outwards; yet, it is not a luxation of the astragalus, but of the bones of the tarsus, which are normally articulated with it. If this be understood, our views of dislocation become definite, not only with respect to the accidents occurring to the astragalus, but in reference to every other kind of dislocation. In fact, it would be as incorrect to place such like cases amongst dislocations of the astragalus, as it would be to call a diastasis of the metatarsal bone of the great toe from the os cuneiforme internum, (if such an accident ever occurred), a dislocation of the internal cuneiform bone. A bone that has been dislocated must, to constitute this accident, be *ex situ* in reference to *all* its articular surfaces, however numerous the articular surfaces may be; so long, therefore, as the astragalus is not severed from the tibia, fibula, os calcis, and os naviculare, or is retained in natural anatomical contact with either of them, the dislocation is of the bone or bones in connexion with it, not of the astragalus itself.

I had prepared some extended comments on the reviewer's hypercriticisms on my selection from Baron Boyer's and Dupuytren's cases, and on my having omitted the particulars of some of Desault's examples of dislocations of the astragalus; but as the works of these distinguished writers are not in everybody's possession, I thought that my remarks upon them, and the use which has been made of them, would not excite the same amount of interest, or be so generally appreciated, as those connected with the work of Sir A. Cooper, whose inestimable volume on Dislocations and Fractures is common property, and read by every British surgeon. It would, however, at the same time, be unjust to the memories of those eminent continental surgeons, not to acknowledge the high value of the contributions they have made to this subject of surgical science, and to state that their volumes, as well as those of Sir Astley, and of every other author that were accessible, or that could be examined within the limited time allowed me, have been consulted in the drawing up of my Essay; and when I state that fifty-nine cases and references, not "forty-four," and amongst the former twenty, not "sixteen," *unedited* examples have been added to those already made known to the profession, the reader may attach what importance he pleases to the reviewer's allusion to the paucity of materials for correct and useful statistics which the paper contains. The critic remarks, "*Boyer cites twelve cases of dislocations of the astragalus, of which Mr. Turner quotes but seven;*" indeed, as it would subsequently appear, only *six*. I think it will be found that Boyer cites eleven cases; and that I have given,

or incidentally referred to all of them. His allusion to Deniel's case is hypercritical in the extreme; and the mistake respecting Boyer's case, with one or two errors in the table, should have been disposed of in note of "Errata;" and yet the reviewer has magnified them into great inaccuracies; first, because Deniel's case is given as having occurred in Boyer's practice. The fact is, that the case is *given by Boyer* in his "*Traité des Maladies Chirurgicales;*" and the reviewer is incorrect in saying "that Boyer's work is not referred to," for surely to state, as I have done, that "*amongst other interesting cases given by Baron Boyer is mentioned, &c.,*" (pages 430 and 66,) is sufficient to identify the case with Boyer's work; and as brevity in detail was the object I aimed at in my extracts to prevent my occupying a too unreasonable extent of the volume of Transactions, I purposely omitted every thing that had not direct reference to the inquiry in which I was engaged. I acknowledge the error of mistaking Boyer's case of dislocation of the *foot* for that of the *astragalus* backwards, and which occurred from my not having carefully examined the context; but the error might easily be committed, as Boyer has not clearly defined the division of his observations on accidents of the ankle and foot. No purpose, however, beyond that of making five instead of four cases of luxation backward, could have been gained by this error; and indeed the omission of the case altogether would not have detracted, in the slightest degree, from my practical arguments; and yet the reviewer devotes nearly half a page to this oversight, and after stating how differently Boyer and myself view these cases, he condescends to explain the apparent discrepancy by saying, "*This observation of course arises from the error as to the real nature of the case commented on;*" which remark renders it quite clear that the reviewer knew that Boyer and I were writing on two different accidents, that there was no difference of opinion between us, and that we were both correct in our remarks on the subjects on which we respectively wrote.

The reviewer doubts my statement that so many as twelve cases occurred in the practice of Dupuytren, as "*only five have been distinctly recorded in his works.*" I can refer him for my authority to the *Medico-Chirurgical Review*, for April, 1834, and to the "*Journal Hebdomadaire,*" from whence the extract was taken; but not content with this hypercriticism, he has endeavoured to mystify the first case copied from Dupuytren, because two references are given, one by myself at page 402 and 38, and another at page 417 and 53. It will be seen, that in the latter instance, allusion was incidentally made to the same case by Mr. Smith, of Leeds, who derived his information from a different source to what I did. I had therefore no right, because the case was previously mentioned by me, to interfere with Mr. Smith's communication, especially as the incident which called for the quotation from him, was not mentioned in my abridged relation of the case. The reviewer heaps other insignificant criticisms on my relation of the same, because I have used the word *anhylosis* for "*un peu de claudication,*" and because the case happened to be misplaced in the table of results. It is little short of splitting a hair to notice these remarks of the reviewer, if it were not to show the hypercritical character of his observations on my paper, and the injustice he has

done me. Again, he finds fault with my inaccurate notice of the twenty-second case, because I say "reduction was attempted but without success," instead of which I should have said, "*Dupuytren nearly, though not completely, replaced the bone.*" I cannot understand the distinction, and especially as the foot was left nearly in the same position; for it is said "When he (the patient) left the hospital, he had got rid of all pain in the joint; but the foot was turned inwards, as it was before reduction was attempted, and the toes were pointed downwards."

Desault's cases, in their main interest, have been mentioned by me, but as the three "observations" given in his "*Cœuvres Chirurgicales*," edited by Bichat, are compound dislocations of the ankle joint, conjoined to luxation of the astragalus, it was not needful to speak of them in a special manner.

Mr. Hey's cases, to which the reviewer alludes, were not published in the first edition of his works, which is the only one I have in my possession; but some cases are given in the subsequent editions, and I am obliged to the reviewer for having directed my attention to them, and to other examples in the French journals, all of which shall be analysed at another time, and receive their due share of consideration.

In conclusion, I would ask, *is the reviewer sincere in recommending me to publish this Essay?*—if so, on what grounds? He has selected all the vulnerable parts of the paper, most of which might have been disposed of in a table of "Errata;" and has *sedulously* avoided the mention of any point of merit; therefore, according to his critique there is but little to justify its publication in a monographic form. Is there nothing in the minute anatomical detail of the relations of the astragalus in its normal and abnormal states worthy of notice? Is there nothing interesting and practically useful in the chapter upon the forces which produce its dislocations? Is there nothing in that division of the work in which I have considered the directions in which the astragalus can be dislocated; and that on the influence of the super-imposed textures of the bone in producing the signs, modifying the characters, and influencing the results of the accident, and most of which is original? Is there nothing in the classification pursued, and which has never been done by any previous writer?—or in the arrangement and reasoning upon facts, with a view to determine, statistically, the modes of treatment best suited to the different kinds of dislocation? which is also novel. The reviewer disposes of the whole of these subjects, without reference either directly, or indirectly to any of them, save the last, respecting which he is pleased to speak of as "on the whole very judicious."

I must complain, however, that he has chosen to put into my Essay, what is not to be found there; he says, "*Reduction should always be accomplished in partial and simple dislocation of the astragalus*," (page 132 of the review,) which is a perversion of my statement. At page 453 of the paper, in the Transactions, and page 89 in the presentation or reviewer's copy, I have said, "*If the astragalus be PARTIALLY DISLOCATED, and not twisted round, (as it often is, when the dislocation is complete,) there is reason to HOPE that reduction may be accomplished*," which surely will not admit of the interpretation which the reviewer has given to it.

After making a few extracts from the practical parts of my paper, and approving of them with one or two exceptions, which involve merely a difference of opinion, not difficult to be reconciled, he thus terminates his critique:—"Though we cannot compliment Mr. Turner on his *diligence or accuracy in research*, we have to thank him for an useful Essay, which he could, we think, convert into an extremely valuable monograph, by the adoption of more extended and accurate statistics, and a somewhat more methodical arrangement of his practical commentary." In reference to my industry in collecting materials, the profession shall be my judges; but in respect to the advice the reviewer gives concerning the publication of my paper in a monographic form, I shall avail myself of it; not because he has held out any encouragement to me to write, or to the surgeon to read it; but, because I have been recommended to do so by the highest authorities in our profession, and because I trust the Essay will do something towards accomplishing the object originally aimed at—namely, that of rescuing the surgeon from the painful dilemma in which he otherwise would find himself for want of practical rules to guide him in the treatment of luxations of the astragalus, respecting some points of which a considerable degree of doubt and difficulty have prevailed; but which we hope, now that the attention of the surgical profession is directed to the subject, will, ere long, be definitively removed.

Believe me, my dear Sir,

Yours very sincerely,

THOS. TURNER.

Manchester, July 30, 1844.

RUPTURE OF THE VAGINA, WITH PROTRUSION AND LACERATION OF THE INTES-TINES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Although the following case has excited great interest, and is one of much importance in a medico-legal point of view, and so far as I know, *unprecedented*, I should have been unwilling to add to its publicity by this letter, as it occurred to a person practising midwifery in this neighbourhood, had not so many false statements and many gross misrepresentations been made concerning it, that it becomes a duty to myself, who in part conducted the after treatment, as well as to others, to place before your readers a plain statement of the facts as they occurred.

The case has already been made the subject of a coroner's inquest, as well as of a trial at the assizes at Cambridge; I shall, therefore, collect from the evidence given on those two occasions such particulars as I did not myself witness.

Mrs. Dent, aged 24, a healthy woman, the mother of four children, her previous labours having been natural, thought herself about three months gone with child, having last menstruated on the 14th of February. On the morning of May 22nd, being in her usual health, she moved a sack containing twelve stone of flour, on a chair from one room to another, and placed it on the floor; in the afternoon of the same day she complained of pain at the lower part of the body, and thinking

she was about to miscarry, sent for Mr. Garland, a practitioner residing at Littleport, about two miles from her own residence. He arrived at four o'clock in the morning of the 23rd, and on examining her, said that he could bring the child forward; waited a short time, then examined her again, and hurt her very much. She exclaimed, "For God's sake leave me alone, for you are pulling my entrails out;" also, "that she could feel her bowels come away from her stomach all the way to her throat." One of his hands was at this time in her body, and the nurse in attendance, from whose evidence the foregoing account is taken, now saw some of her entrails protruding from her body and lying upon the bed, as much as would fill a good sized plate. Mr. Garland said he did not know what he had got, moreover, that the child was not forward, and he could find none.

I was summoned to the patient about half-past seven o'clock, and passing my hand under the bed-clothes, took hold of something which I at first thought to be the umbilical cord, for I knew nothing, and could gain no information as to the previous history of the patient, or as to what had transpired. The bed-clothes were removed, and I saw a large portion of intestine protruded from the vagina, and lying in the bed. My first impression was, that if it remained entire it might be returned into the abdomen; but on examination I found one end completely *torn* through and lying loose; the other end, or that nearest the vagina, nearly so, hanging only by a small portion as wide as *my finger nail*; and in its whole length it was separated from its mesentery. I immediately decided, therefore, that it would be utterly useless, indeed highly improper to return such an extraneous mass as this portion of intestine had now become into the cavity of the abdomen; and, to avoid exposure of the nature of the case, as well as to remove an offensive mass, I applied a ligature to the intestine near the vagina, and cut off the parts below it. Considering the case quite desperate, and thinking that the patient could not live more than a few hours, I did not deem it necessary to put her to the pain of further examination. No fœtus had at that time appeared, but in the course of the day, the nurse, in shifting the patient, found a fœtus in the bed, and subsequently gave it to Dr. Stevens. It was of about three months. The intestine removed measured nineteen feet and a half; it was all small intestine. I forward you a portion of it to you, that you may see how completely it is separated from its mesentery, and how improper it would have been to have returned it.

On the same evening Dr. Stevens visited the patient with me. We found her in a quiet state, presenting no general symptoms of the severe local injury she had suffered; and as I was on the following day, summoned to London on business, the subsequent treatment was under his direction. Very little was done beyond the attempt to support her with gruel, chicken broth, and such nourishing fluids as she could bear, the stomach being exceedingly irritable, and rejecting almost everything she took. The intestine which had been tied at the orifice of the vagina gave way on the 24th, and a false anus was established in this situation. The fear of injecting fluids through the torn intestine into the abdomen, precluded the administration of enemata. The patient gradually became weaker, her pulse sinking from

120 to 60; she suffered but little pain, and died June 8th, being 17 days from the protrusion of the intestine.

On *post-mortem* examination, made June 10th, the abdomen was observed to be unusually flaccid. All the intestines which remained were in a more or less diseased condition, the colon being in a state of mortification. There were about two yards of small intestine in the abdomen, which passed from the stomach into the pelvis, and was connected with, and terminated at, a ragged opening at the back part and right side of the vagina, large enough to admit two or three fingers. The colon occupied its usual position, and the small intestines had been torn from it close to the cæcum, in which situation there appeared to be a small abscess surrounding and blocking up the lacerated end of the intestine. The mesentery was extensively torn, and the omentum was in a state of mortification. The vagina around the rent was healthy and the uterus was of the natural size, and presented nothing unusual in the appearance.

I do not propose to speculate on the condition in which the patient was when Mr. Garland first saw her, nor on the means by which the intestines were brought through the vagina, and lacerated as I have described. On these points we can but conjecture, and others are as well able to form an opinion with respect to them as myself; I merely wish to state briefly my reasons for the treatment which I subsequently adopted.

It has been stated by some persons that the intestines should have been returned into the abdomen, and that by removing them I deprived the woman of the slight chance she might possibly have of recovery. I am well aware that instances are recorded in which large portions of intestines, indeed nearly all the contents of the abdomen, have been protruded through wounds in its parietes, and have been returned with success; wounds in such protruded portions have also been sewed up, and in a few instances the completely divided ends of an intestine have been brought into contact, united by sutures, and a cure has followed. These even are very rare cases; but I know of no one instance in which a large portion of intestine separated from its mesentery has been returned with success, still less a portion which, as in the case under consideration, was completely torn through at one extremity (the corresponding end not being in the wound) and nearly so at the other. The folly, indeed the rashness of returning a portion of intestine thus circumstanced, appears to me so self-evident, that I should not have thought of occupying the attention of your readers had not the possibility of the measure which I adopted, been called in question. The intestine not being in a fit state to be returned, it was of course better to remove it altogether. I applied a ligature to the intestine under the idea that the case must soon terminate fatally, and with the desire of concealing from her attendants the circumstances which had occurred, for I was not at this time aware that the nurse had seen the intestines before my arrival. I do not pretend to uphold this part of the treatment, but that it was productive of no injury is evident from the fact that the tied intestine gave way on the following day, and a false anus was established in the vagina; moreover, the patient lived seventeen days, and ultimately sank under the combined effects of defective nutrition, with peritoneal

inflammation, excited by the laceration of the intestines and mesentery.

The attempts to nourish the patient were rendered ineffectual by the irritable condition of the stomach, and the shortness of the intestinal tract, through which the food could pass. And as I have before stated, the fear of injecting through the torn intestine into the abdomen, for we could not correctly judge at what point it had been severed, neither could we form any opinion of the end which remained in the abdomen, prevented the administration of nourishment by the rectum.

I remain, Sir,

Yours obediently,

T. S. JONES, M.R.C.S

Ely, July 29, 1844.

CASE OF ADHESION OF THE VAGINA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

On reading the "Case of Imperforate Vagina," reported by Mr. Square, I was, in my mind's eye, again assisting to perform a similar operation, which happened about 13 years ago, when I was a visiting surgeon to the Liverpool North Dispensary, and notes of which I took at the time. Dr. Williams, I believe now of Islington, and Mr. Parkes, surgeon, of Edge Hill, (who is since dead), were the honorary physician and surgeon of the North District, which I attended.

The word imperforate, appears to me, to signify any passage congenitally and unnaturally closed. Adhesion of the vagina, or sides or walls of the vagina, from inflammation and excoriation after labour, or any other name to indicate that it came on from disease, &c., might perhaps be better.

PERFORATION OF THE VAGINA.

"On being called to see a woman, No. 26, Regent street, she informed me she had a swelling in the belly, inclined to the right iliac region, and was subject to severe pains for some hours every day, with the sensation of bearing-down, and pain, which was violent; she lay for hours holding her breath and stretching her limbs. These pains, at first, were only *monthly*. On examination I found the vagina completely closed; when questioned she said 'she had had a child about sixteen months' since, had a very bad time, and was ill for five or six weeks, with what she called 'inflammation.' Laceration of the perineum must have happened, the fourchette and *sides*, not merely the external edge, of the vagina, appear to have healed or united in a *puckered and contracted* manner, bringing forward the anus towards the arch of the pubes between the labia. With the finger in ano a tumour could be felt pressing the sides of the rectum together, which swelling was more evident by pressing downwards the tumour of the belly.

"Operation. The patient being placed, as for lithotomy, and the labia held on one side, Mr. Parke introduced his finger into the rectum, and, with a common scalpel, cut from the meatus to the rectum, to the length of half-an-inch, or a little more; then with a bistoury, crossways, from one ramus of the os pubis to another, for about a quarter-of-an-inch; the sheathed tonsil-lancet was then introduced, and the blade

suddenly let slip, yet no vagina was found, when there was some doubt expressed as to the propriety of cutting any further, but it was decided to use the tonsil-lancet blade once more. When it was done, and withdrawn from the wound, menstrual blood covered the blade, which proved the success of the operation.

"Mr. Parke, and (I think) Dr. Williams, say, that on introducing the finger into the wound it enters the os tincæ, but I think part of the natural vagina exists between the end of the divided part and the os uteri, also that the menstrual fluid might have made a bog between the end of the cut vagina and os uteri, for when the confined fluid escapes there are no contracting or expelling pains, but rather certain positions favour its coming away.*

"On the second day after the operation the tumour had vanished, which was to be expected from the quantity of menstrual fluid that had escaped. As the woman daily experienced long continued contractile pains, it is not a forced conclusion to think that some escaped into a small part of the vagina, next the os uteri, that might not be closed."

This patient got well in three weeks. I was daily attending her. Sponge tents were what I chiefly used to dilate the new passage, with occasionally a large rectum bougie. A permanent passage of nearly half-an-inch in diameter was effected.

July 22, 1844.

CYMRO.

* Mr. Square has much better expressed my meaning, thus: "The finger now discovered the upper part of the vagina to be dilated into a large oval sac, with a healthy os uteri at its upper part," but I have sent the case, as I wrote it down in a hurry, and scarcely legible now.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, AUGUST 7, 1844.

We are precluded this week from commenting at any length on a very important case, the particulars of which will be found in another part of the present number. Trials by the judicial courts, involving the conduct and character of medical practitioners, and affecting their responsibility before legal tribunals, cannot be too closely watched. In the present anomalous, ill-regulated, and unprotected state of the medical profession, every such trial recognizes principles which, under other circumstances, may have an injurious tendency, and which it is of much importance to estimate and determine. The investigation and discussion of purely medical questions, by persons unacquainted with the subject, must ever be attended with difficulties, and where legal responsibility is concerned, not unfrequently followed by injustice and individual wrong. When the accusation is one of negligence, or want of due care and attention, an ordinary jury may, under direction of the judge, be

capable of coming to a correct decision; but when it involves an inquiry into professional competence and skill, far different qualifications than those possessed either by the judge or the jury, are required for the same purpose; and the array of medical witnesses called on either side for the purpose of aiding the defence, or establishing the charge, seems rather calculated to confuse the question than to develop the truth. These considerations, however, are too extensive to admit of further elucidation here, and in the case to which we are about to refer, a recent trial at Cambridge of a surgeon for manslaughter, are not requisite, since from the accounts which we have seen there can, unhappily, be no doubt of the *mala praxis*, and no more than substantial justice appears to have been done. The authentic relation of the case given by Mr. Jones, the surgeon subsequently called in, renders it unnecessary to give any account of the trial, and the only addition which we feel called upon to make to the statement, with which Mr. Jones has himself furnished us, is to quote the evidence of the other medical witnesses in relation to the removal, by Mr. Jones, of a portion of the intestines torn from the unfortunate patient, the propriety of which, it seems, has been called in question.

Mr. Robert Stevens:—The last witness (Mr. Jones) is witness's assistant; on Thursday, the 23rd, went to see deceased; had before seen part of the intestine; Mr. Jones had shewed it to witness; found about 18 inches of intestine protruding; it was tied at the end, and become very black; every thing she took the stomach rejected; she wanted relief; said he could not relieve her, she must die; she said she was perfectly aware of that, for she had lost almost all her bowels; examined the intestine produced by Mr. Jones; there was no attachment to the mesentery; it was lacerated in two or three places; it was all small intestine; returning the intestine would have been of no use; it had lost its attachment to the blood vessels, which would have nourished it; the patient could not have lived; it is the connection of the viscera with the mesentery that nourishes the intestine; measured the length of the intestine which was torn from deceased; it was 19 feet 6 inches in length.—Cross-examined: Saw deceased the same night that Mr. Jones did; sickness is a symptom of strangulated hernia; witness did not remove the ligature; has seen a case where the intestine made for itself a false anus, and the patient so lived; but not where the intestine was detached from the mesentery; before this deceased was in perfect health; heard she had moved the flour; she had nothing but the common pains of miscarriage; was not sick till after she had seen Mr. Garland; he has been in practice since 1816; has frequently been in consul-

tation with him, but found him so ignorant that he had endeavoured to instruct him, but was unable; he practices in the same neighbourhood as witness, but does not interfere with his practice at all; should not get one patient more if he left the neighbourhood; after the treatment the deceased continued vomiting; administered carbonate of soda in a little gruel, and afterwards a little chicken broth.—Re-examined: Has been 34 years in practice; was at the *post-mortem* examination of deceased.

Mr. Henry Mitchell:—Is house-surgeon to Addenbrooke's Hospital; made a *post-mortem* examination of the deceased; previously to opening the body, the lower part of the abdomen appeared flat instead of prominent; on opening the abdomen the omentum gave an offensive smell; was of a dark colour, and in a state of mortification; the intestines were all, more or less, in a diseased state; found only about two yards of the small intestine in the abdomen; the average quantity is about seven or nine; on tracing the small intestines down they did not terminate in the large, as was the natural direction, but in an unnatural opening in the abdomen into the vagina; the whole of the large intestine was in a state of mortification; the opening was produced by violence; under such circumstances it would have been useless to attempt to return the intestine, as it was separated from the mesentery, and torn from the upper intestine; lifting a heavy weight sometimes occasions a rupture, but not such a rupture as the present; the opening from the abdomen into the vagina could not have been produced by lifting a heavy weight; death must have ensued from the state in which the patient was.—Cross-examined: Never heard of a rupture of the vagina produced by the action of the womb itself; if there had been a laceration of the vagina, and the bowels been protruded through, it would probably have produced vomiting and other symptoms of strangulated hernia; never heard of laceration of the vagina produced by other means than by instruments.—Re-examined: The hand violently introduced would produce laceration; never heard of such a case.

Dr. Stevens agreed with the account given by the last witness; but he forgot to say that every other organ was in perfect health; all the injuries described would have resulted from the opening in the vagina.

Mr. John Muriel, surgeon:—Attended the *post-mortem* examination of deceased; had been requested by defendant to do so; has heard the evidence of Mr. Mitchell; agrees with him as to the appearances presented; under the existing circumstances it would have been of no use returning the entrails; thought at one time it possible, though not probable, she might have recovered, as she was disposed to make an artificial anus, and had that taken place she might have recovered; is of opinion that death resulted from the injuries.

Dr. Thackeray:—Has practised for 20 years in midwifery; has heard the evidence in this case; the death of the deceased was unquestionably caused by the removal of the intestines; no human being could live after six yards of the smaller intestine had been removed; it was not possible to have returned the

intestine; death must have followed the injury described by Mr. Jones; independently of the cutting off of the protruded part.

We cannot conclude our notice of this unfortunate case without referring to the manner in which the presiding judge, Sir John Williams, passed the sentence of the Court. The ignorance and rashness displayed were unaccountable, and the results which followed most deplorable; but the care with which the judge guarded the responsibility of medical practitioners in general from improper and uncalled-for judicial interference, is in the highest degree satisfactory, and manifests a wise caution which we should be glad to see generally adopted on like occasions.

His Lordship said that he trusted that the verdict which the jury had returned, or the sentence he was about to pass, would not exercise any evil influence over the practice of medicine. It was not to be imagined that because the prisoner had been convicted of manslaughter, that surgeons, in the exercise of their arduous calling, could render themselves liable to such a result, in case of a fatal termination of a patient's illness. It was not the death of the deceased that the prisoner was charged with. It was not for a moment imagined that he had designedly promoted that death, but he was convicted of practising on the deceased without due caution, or using the requisite skill, and had by such means caused her death. It was evident that surgeons, above all other classes of men, required firmness, decision, and energy, and it would be highly improper and unjust, if they were to be made liable for the consequences of even an accidental calamity on their parts. In this case there had been no desperate symptoms. The case was a common and ordinary one; but the prisoner had used, without the least necessity, violent and desperate means, and used such means in a careless and violent manner. There was nothing to have called for such treatment. He was well aware of the disastrous results which would attend this inquiry, and the publicity given to it, to the prisoner. He felt that it would probably be followed by the loss of his professional reputation. But much as he felt this, his duty was imperative, and he could not shrink from it. Knowing that there had been a complete absence on the part of the prisoner of a design to injure the deceased, he took the most favourable view of the case he possibly could, and the sentence of the Court would be a lenient one. The sentence was that the prisoner be imprisoned in the County Gaol for one calendar month.

We have only further to observe, that a portion of the intestine which has been transmitted to us for examination, entirely confirms the account given by Mr. Jones, in his relation of the case, and the statements of the several witnesses.

NEWCASTLE-ON-TYNE INFIRMARY.

Cases in the Practice of SIR JOHN FIFE, Reported by
MR. F. A. GIBB.

CANCEROUS ULCER OF THE FACE.

William Grey, aged 65, a countryman, admitted June 27, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a large cancerous ulcer covering the lower lip and chin. Twelve months ago he received a blow from a piece of heated iron on the lower lip, which caused slight ulceration gradually assuming a cancerous character; he has been under a variety of treatment. Four years before, he observed a small hard knot in the centre of his lip, which did not enlarge until the blow, when it apparently united with the ulcer. Had severe pain in the ulcer, but it is now much less acute and more of a continued character. Has always enjoyed the best of health; has been a temperate man, and thinks that none of his family were ever subject to tumours. From the irritation he has suffered very much in his general health, and, although always spare, has lost flesh lately; does not sleep over well; is very weak; has the broken down appearance that organic disease gives to a person. Countenance remarkably sallow; has smoked a long time, but does not think that has caused it. Bowels rather inclined to be costive; pulse weak.

July 2nd. *Operation.* Sir John Fife made an incision from the left extremity of the upper lip towards the aperture of the parotid duct, thereby including some scirrhous tubercles extending in that direction; he then cut downwards, turned the knife under the chin, half-way between the maxillary bone and os hyoides; on the other side he cut from the right commisure of the mouth directly downwards. The facial and sub-maxillary arteries bled so violently that Sir J. Fife tied them immediately. On the left side he extracted the first molar tooth, then cut partly through the jaw with Hey's saw, and completed the division with cutting forceps; having done the same on the other side, he dissected the bone from beneath the chin upwards, and separated the included portion of the jaw with the whole mass of disease. Some more vessels being tied, the wound was then closed by interrupted suture and adhesive straps; the scirrhous base was formed by diseased bone.

5th. Great depression, difficult deglutition. Dressed for the first time with Morrison's transparent adhesive.

6th. Dressed in the same way. Pulse a good deal better.

7th. Dressed in the same way this morning; bowels costive; pulse better. Half an ounce of castor oil to be taken immediately.

8th. Continuing well; dressed with common adhesive plaster.

9th. Dressed in the same way this morning; looks much better in himself; continuing well.

10th. Pulse much better; looks a great deal better himself. Continue the same dressing.

11th. Thursday. Goes home.

TUMOUR OF THE MALAR AND MAXILLARY BONES.

July 10, 1844.—Francis Bain, aged 40, admitted May 30, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a tumour on the left cheek, of five months formation. About five months ago some of his friends first observed a little tumour at the inner canthus of the eye; it began slowly

to enlarge until lately, when its bulk increased greatly; has never had any pain in it until lately; has always enjoyed the best of health. The left side is exceedingly distorted by the tumour, which extends downwards and outwards, distending and obliterating the inferior eye-lid, and just allowing a view of the eye when it is looked at in front. The tumour appears to be about the size of an orange, and much of the same form; and upon pressing its most prominent part, it feels elastic, giving the same sensation as fungus hæmatodes of the testicle. When it is touched from within the mouth it feels irregular and hard, and under the mucous membrane, at the border of the tumour, there is a firm moveable body, which is apparently a small indurated gland. The tumour can be slightly moved, as if it did not spring from the bone; its firmest attachment is to the side of the nose, the skin covering it is very thin, and is of a deep red colour, inclining to purple. Viewed laterally, the height of the tumour is so great as to be beyond the level of the nose; the most prominent part is the centre. Bowels open; tongue clean; appetite good. Sir John Fife thinks it to be osteosarcoma, but yet says it arises from the periosteum, for the most part, if not all. It seems something like fungus hæmatodes. Two pills of rhubarb and mercury to be taken every night, and a cathartic draught on alternate mornings.

June 4th. Much the same; has a numbness in one or two of the molar teeth; skin over the tumour a little deeper in colour. Sir John removed the tumour this morning.

Operation.—An incision was made from the orbit to the left commissure of the mouth, and the integuments were rapidly dissected back on each side, exposing the surface of the tumour; the Schneiderian membrane was then dissected from the inside of the tumour, which was next separated from the lower part of the upper maxillary and malar bones; but at the orbital processes of these, the tumour evidently had its origin, and there the structure was osteo-sarcomatous, although the circumference of the tumour was fibrous. After separating it, Sir John Fife applied red hot iron to the diseased surface of the malar and maxillary bones, tied some arteries, and brought together the lips of the wound with interrupted sutures and Morrison's adhesive. A compress was placed on the wound, as there appeared a great cavity, the sides of which required keeping together.

5th. Doing well; rested pretty well; not much thirst; some œdema of the left eyelid, and swelling of lip; bowels rather costive. Thirty minims of tincture of opium to be taken at bed time, and half an ounce of castor oil in the morning.

7th. Rests well; rather costive again; face has an offensive smell, and œdema still exists; no headach, and only slight thirst. The bandages, &c., were removed, and the parts found to be doing exceedingly well; the skin has a livid red colour. They were sponged and a piece of dressing, with compress, &c., reapplied. Ordered two of Plummer's pills every night, and a cathartic draught every other morning.

11th. Doing well; foetid discharge, but no pain; no thirst, and œdema subsiding; the edges of the divided lip, which are adherent, do not exactly fit each other, but project slightly beyond the other.

14th. Wound going on well; discharge becoming

more healthy, and not so profuse; sutures removed, and edges of flaps are slightly separated from each other. Appetite good; feels well. Omit the pills; continue the dressing, which is supported by adhesive plaster instead of a bandage.

19th. The bottom of wound covered by minute granulations; wax came away a few days ago; discharge healthy. Continue.

24th. Granulations filling; no pain. Continue.

July 1st. Went home convalescent.

BIRMINGHAM PATHOLOGICAL SOCIETY.

June 1, 1844.

ALFRED BAKER, Esq., in the Chair.

LARDACEOUS CANCER OF THE KNEE JOINT.

Mr. Crompton brought forward a specimen of lardaceous cancer, affecting the whole of the tissues of the knee joint, and gave the following particulars of the case:—

Ann Downing, aged 39, single, a servant, states that during the last twenty years she has been in the habit of milking a great number of cows daily, which occasioned her to kneel on the right knee. She did not experience any ill effects from it, with the exception of an occasional stiffness, till eighteen months ago, when the knee became slightly swollen and painful, the pain being always aggravated by the slightest motion. Various applications were used, but without benefit; the joint gradually becoming larger and more painful. She was admitted into the General Hospital, April 12, 1844, under Mr. Wood. The knee was in a bent position, and was much enlarged, measuring seventeen inches and a half round its centre, fifteen inches round the lower third of the femur, and fifteen inches and a half over the tubercle of the tibia. The popliteal space was entirely filled up by a hardened mass, and the patella could not be at all distinguished from the hard structure by which it was surrounded. The condyles of the femur were also embedded in the same structure, and could not be at all distinguished from it.

The knee was constantly in pain, and occasionally was very hot. She could not move it from its bent position, the slightest motion causing increased pain. For the last six months she has been unable to get much rest, has become much weaker, and lost flesh considerably. Appetite bad; tongue furred; skin hot; pulse quick. The diseased joint was removed about a fortnight after admission.

A perpendicular division of the joint being made after amputation, and the integuments being removed, the whole cavity of the joint, except about an inch square over the extremity of the femur, and directly under the patella, was converted into an elastic white fibrous structure, which extended between the head of the tibia and the articular extremity of the femur, and was part of the whole mass which formed the bulk of the tumour. The articular cartilages were gone or degenerated, except at the point before indicated; the patella was more dense than natural, and the whole joint was made up of a white lardaceous mass, elastic and firm to the knife. The extremity and three inches of the femur were changed by a similar deposit, the dense shell of the bone being to be seen intact below, but not above. The head of the tibia was less changed, but the cartilage was gone into degeneration.

Beneath the joint there was an extensive deposition of the same structure, with large earthy deposits intermixed; the popliteal artery and vein were pressed upon, but not obliterated. The diseased structure on the upper surface seemed bounded by the extent of the synovial surface, including the bursæ; below it was of greater extent, and in the course of the vessels at the point of amputation there was a mass of osseous or earthy deposit that interfered with the tying of the artery.

A few separated tubercles were pressed out of the muscular surfaces on the lower part of the limb; in fact the disease did not seem to be confined to the knee joint alone. Where the denser structure of the shaft of the bone was lost, it was difficult or impossible to see any difference between the state of the interior of the condyloid extremity of the femur, and the portion of the disease external to it.

Mr. Elkington brought before the Society an anencephalous monstrosity, which he was requested to oblige the Society by dissecting and bringing the description forward at a future meeting.

RUPTURE OF THE HEART.

Mr. Elkington then brought forward a specimen of rupture of the heart, situated in the anterior portion of the left ventricle, with ossification of the descending branch of the left coronary artery, which had been forwarded to him by Mr. Nason, of Nuneaton, to be exhibited to the Society.

The ruptures, three in number, are situated in the middle of the anterior face of the left ventricle. The one above, the largest, extends downwards and outwards, has very irregular and ragged edges, and is capable of admitting the points of the first two fingers. The middle one is situated below the inner termination and on a level with the outer termination of the rupture just described; it is capable of admitting a goose quill. Underneath these is situated the third rupture, which is large enough to admit the point of the middle finger; its edges also are ragged and irregular.

The parietes of the ventricle are soft and flabby, and very much thinned, especially anteriorly; the aortic valves healthy, but puckered; the lining membrane of the aorta studded with atheromatous deposit. The coronary arteries arise as usual; the descending branch of the left coronary, as it passes down along the line of the septum of the ventricles, towards the apex of the heart anteriorly, is obliterated by ossification; all the other branches of the coronary arteries are healthy. The right auricle, the tricuspid valves, and the right ventricle, are healthy.

Mr. Nason says. "The man was 72 years old, very lame from attacks of sciatica or chronic rheumatism of the hip joint. About three years before his death, I saw him with inflamed and oedematous legs, which yielded to diuretic medicine. He never complained of any affection of the chest, or difficulty of breathing. The day before he died, he told his wife he felt pain in the left side of the thorax. The following day, about noon, he walked a few yards from the door, and dropped down and died in a moment. On a post-mortem examination, the viscera in the abdomen were healthy, as also those of the chest, with the exception of the heart. The pericardium was completely filled with black blood, partly coagulated. I

fancy my fingers made the lower opening in drawing it out, so as to divide the vessels as high as I could. There is no doubt the upper opening was a rent, from the thin and softened state of the parts, and that it gave way at the moment of the man's death. Is it not rather strange to find disease of so extensive a nature without any striking symptoms during life?"

TAUNTON AND WEST SOMERSET MEDICAL ASSOCIATION.

A special general meeting of this Association was held at Taunton, on Wednesday, the 17th ultimo, to take into consideration the propriety of joining with the Provincial Medical and Surgical Association, as a District Branch, SAMUEL MACMULLEN, M.D., President, in the Chair.

The President having briefly stated the object of the present meeting, called upon the Honorary Secretary to read the Report of the Special Committee appointed at the annual meeting held in June, to inquire into the practicability of the proposed junction.

This Report set forth an account of the Provincial Association, from its formation in 1832 to the present time, when it numbers about 1800 members, including almost every physician and surgeon of eminence in the provinces, and many equally distinguished members of the profession in Scotland and Ireland. It showed the Provincial Association to be based upon principles of the highest utility and interest to the whole medical profession, and to be devoted to the carrying out of objects purely and eminently professional; such as the collection and dissemination of both practical and theoretical information in all branches of medical science, and the practical sciences which bear collaterally upon the study of medicine, and the "maintenance of the honour and respectability of the profession generally, by promoting friendly intercourse and free communication of its members."—that, in pursuance of these excellent objects, the Provincial Association has assembled annually in some one of the principal towns of England; has published an annual volume of Transactions, which, with a weekly copy of the Provincial Medical and Surgical Journal, is regularly furnished to each member; that it has been constantly engaged in medical investigations, and in other objects connected with the welfare of the profession, towards the furtherance of which it has afforded liberal grants of money;—and, that it has established and presides over a benevolent fund, for the relief of destitute members and their families under severe and urgent distress.

The report then referred to the endeavours of the Association in the promotion of some decided amendment in that portion of the New Poor-Law Act, which relates to medical attendance and to the remuneration of medical practitioners connected with unions; and, lastly, it shewed the noble exertions which had been, and still continued to be made, by the Association to procure a thorough and radical change in the constitution of the profession,—not from any anxiety to prevent a division of medical labour, or to do away with the distinctions and grades which are at present recognised in the profession,—but from a desire to claim for *all* practitioners a good and sufficient and uniform education, both preliminary and professional; an equal legal

recognition of all, and the enrolment of all in "One great corporate Institution," with the adoption of the representative system in the formation of the Governing Bodies.

Such, the report explained to be the character and conduct of the Provincial Medical and Surgical Association, and then concluded as follows:—"Upon a careful comparison, then, of the principles, objects, and spirit, above enumerated, with those which guide and form the essentials of your own Association, your Committee cannot but feel that the character and moral position—nay, the usefulness of your Association, would be greatly enhanced by an incorporation of it into the parent one, as a district branch for Taunton and Somerset, upon the plan of the South Western, Yorkshire, and other district branches; and your Committee, therefore, believe it to be their duty to recommend this junction. In doing so, however, your Committee think it right to draw your attention to the fact, that by such junction the annual subscription of each member will necessarily be raised from twelve shillings to one guinea, and that the expenses of the annual dinner, which have hitherto been defrayed out of the subscriptions, cannot hereafter be so defrayed; but, on the other hand, they would remind those of you who might feel disposed to demur at an increase of subscription, &c., that advantages much more than commensurate with the additional expense will be secured to you—viz., the receipt by each member of an annual volume of excellent Transactions and a weekly Medical and Surgical Journal; and that the expenses incurred in conducting the Branch Association will be allowed out of the general funds of the Provincial Association, to the amount of one-seventh of the sum contributed by the branch to that fund. To those, again, who would hesitate to sanction the proposed junction upon the ground that such a step would destroy the independence and local character of your own Association, your Committee beg to say that they have been well advised that such will not be the case; but that in every respect your Association will still be free as to its special government, either according to the present arrangement, or under any other arrangement which may hereafter be deemed more advisable, provided only such new arrangement be consistent, as at present, with the spirit of the Parent Association; and that, though free and independent, you will have the satisfaction of being able, by the junction, to claim the support and co-operation of a considerable body of the most respectable members of the profession upon all questions involving medical policy and general professional interest.

Taking all these points into consideration, the excellent and truly professional character and spirit of the Provincial Association, the agreement of its principles and objects with those advocated by your own Association, and the satisfaction of being connected with such a noble phalanx of professional talent and professional worth, in one common bond of interest and friendly union, your Committee would again earnestly recommend the junction of your Association with the Provincial Medical and Surgical Association, and that this should be accomplished with as little delay as possible. And your committee would, in conclusion, beg to draw your attention to the propriety of inviting to the good work, the co-operation of the various mem-

bers of the profession resident in the county and neighbourhood, who do not belong to any medical association, but who might be induced to enrol themselves amongst you, upon the conversion of your Association into a district branch of the Provincial Association; and especially would they so recommend to your notice the Somersetshire practitioners, who, though members of the Parent Society, belong not to any District Medical Association."

The following resolutions were then carried unanimously:—

Moved by Mr. Edwards, of Wiveliscombe, and seconded by Mr. Randolph, of Milverton:—

"That the Report now read, be received and adopted."

Moved by Mr. Gillett, of Taunton, and seconded by Mr. Smith, of Bishop's Lydiard:—

"That this Association do at once join and become a district branch of the Provincial Medical and Surgical Association, and that an additional subscription of 9s., necessary to effect this, be now paid by each Member of the Association, not a member of the Parent Association."

Moved by Dr. Woodforde, of Taunton, and seconded by Mr. Marchant, of North Curry:—

"That the title of this Association be henceforth the Taunton and Somerset District Branch of the Provincial Medical and Surgical Association."

Moved by Mr. Gillett, and seconded by Mr. Alford, of Taunton:—

"That Mr. Higgins be requested to attend the next meeting of the Provincial Medical and Surgical Association, to be held at Northampton, on the 7th and 8th days of August, as a deputation from this Association, to carry out its junction with the Provincial Society, and that his expenses be defrayed from the funds of this Association."

It was then decided that a notice of the junction of the Taunton Association with the Provincial Association should be sent to every member of the profession residing in this county and neighbourhood, inviting him to assist in carrying out the objects of the Taunton and Somerset District Branch, by enrolling his name as a member of it.

A cordial vote of thanks having been accorded to the worthy President, Dr. Macmullen, for his able conduct in the chair; this meeting, characterised by its harmony and unanimity, adjourned.

BRANCH ASSOCIATIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Your leading article of last week, on the formation of Branch Associations, viewed in connection with certain notices of motions for our approaching anniversary meeting, have induced me to submit a few remarks on the future organization of our Association, which I hope you will deem worthy of insertion in an early number of the Journal.

Your unanswerable arguments in favour of multiplying the centres of union and operation in our Association, the suggestion made at the same time by a Cheltenham member for the establishment of a Gloucestershire and Worcestershire Branch, and Dr. Shapter's proposition for a special representation of

the district branches, all seem to show that the necessity of some improvements in the constitution of the Association is strongly and generally felt. But it yet remains for some one to devise such a re-arrangement of our atoms, as may produce a more normal, efficient, and perfect structure.

Hitherto, members have been left to discover the want of a more frequent intercourse, and a more intimate bond of union, than the Association originally afforded them. Thus they have formed themselves, in some localities, into district branches, the sphere and extent of which are arbitrary, and are controlled neither by appeal to a central authority, nor by reference to any general scheme of division.

Would it not be far preferable, that the General Council should at once proceed to divide the Association, geographically, into a sufficient number of district sections?

Might not each of the existing *branches*, as they are now called, form a *section*,—the large Eastern and Southern Branches being perhaps divided into sections, containing not more than one or two counties in each?

Might not each section be empowered to elect its own Council, and each sectional or district Council appoint a limited few of its members to represent the section in the General Council?

And in order to carry the alteration into effect with due regard to the present governing body of the Association, might not the existing Council be considered merely as the *aggregate* of district Councils, *each portion* of which might proceed to elect its quorum to a new General or Central Council, not exceeding 40 or 50 in number, the head quarters of which would of course be at Worcester, as the residence of the President?

Surely a supreme Council so constituted would be much better fitted for action than the present numerous and unwieldy Council.

Even supposing that the members of the Association, residing in any one of the district sections, should decline to avail themselves of the privileges of local management, representation, and union, offered by such a scheme, might not the General Council be empowered to fill up future vacancies in the Council of that section, the number of such district councillors not being permitted ultimately to exceed a fixed proportion of the members of the section?

The preceding questions I put with deference, though not with hesitation, for I am persuaded that the arrangement which I have indicated would remedy certain defects in our constitution, and provide a more satisfactory method of representation.

Dr. Shapter's motion is, I suppose, intended to accomplish, in some degree, the same object, but it may fairly be questioned whether his plan would confer on district branches more power than they already possess; for I presume that the Council have always been ready to add to their number those gentlemen who may have been recommended by the members of any branch. In fact, our 14th rule expressly provides that all who are "engaged in the executive management of the district branches should be also members of the general Council." But there is another objection to Dr. Shapter's motion, viz., that it recognizes the general Council as a self-elected body,

by proposing that the district branches should "present" to it "*for election*" such of their members, &c.

I believe that our excellent founder would not admit that Dr. Shapter had, in this particular, taken a correct view of the principles on which our Society is constituted.

Dr. Inglis's motion leads me to propound a few more questions. Is it then, or is it not the fact, that the present subscription proves to be insufficient to carry into effect the general purposes of the Association—to defray the expenses of management—to publish a handsome annual volume of Transactions—and to issue a respectable weekly Journal?

If this question be answered in the affirmative—and I entertain little doubt that it must be—we ought to look the difficulty fairly in the face, and either raise the subscription to an adequate amount, or cease to offer so many advantages to members who do not pay for them.

But might not both these courses be adopted? Might not the subscription be raised to one guinea and a half, and be divided into *three* parts—only *one* of which should be compulsory on all the members? Might not the first half-guinea be required simply for membership, (as in the Medical Association of Ireland,) without entitling the members to the publications of the Association? Might not the second half-guinea be applied to the annual volume of Transactions; and the third to the Journal?

Then, in order to insure that all who are entrusted with a share in the management of the Association, should take an interest in its several objects, might not the full subscription of a guinea and a half be required of every member of the Council, whether district or general?

Under such regulations, no serious falling off in the number of subscribers to the Journal and Transactions need be feared; while the option of subscribing would doubtless invite a large accession to the number of members, and thus increase the general influence of the Association.

I will not further occupy your space, on the present occasion, by statements and arguments in support of the foregoing suggestions, which are not put forth hastily, nor without full consideration. But if any objections should be started, I shall beg leave to reply to them in a future number,

And I now remain, Sir,

Your obedient servant,

A MEMBER OF THE COUNCIL OF THE PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION.
July 23, 1844.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

REGULATIONS FOR THE FELLOWSHIP.

The following official notice has been issued:—

"Notice is hereby given, that the following are the hospitals and schools of surgery and medicine from which certificates of the professional education of candidates for the fellowship will be received by this College for the year commencing the 1st of August next, viz.:—

"HOSPITALS IN ENGLAND.—London.—St. Bartholomew's, St. Thomas's, Westminster, Guy's, St.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

MEETING AT NORTHAMPTON.

The twelfth anniversary of this Association was held at Northampton on Wednesday, August 7th, and Thursday, August 8th. A Council Meeting was held at the County-hall, at eleven o'clock on Wednesday morning, which was numerously attended; and the order of the business to come before the general meetings, was determined upon.

FIRST GENERAL MEETING.

About one o'clock, the members, to the number of about 150, assembled in the hall, among whom the following gentlemen were present:—

Thomas Nunneley, Esq., Leeds; Alfred Hardwick, M.D., Kensington; Farnham Flower, Esq., Downside; John Smith Soden, Esq., Bath; J. Hodgson, Esq., Birmingham; J. Russell, jun., Esq., Birmingham; W. Conolly, M.D., Cheltenham; James Crang, Esq., Timsbury; Charles Hastings, M.D., Worcester; Robert J. N. Streeten, M.D., Worcester; John Faircloth, Esq., Northampton; W. Birdsall, Esq., Northampton; John Churchill, Esq., London; H. Terry, Esq., Northampton; James Mash, Esq., Northampton; G. Turner, M.D., Stockport; P. Hennis Green, M.D., London; Charles Faircloth, Esq., York; W. Percival sen., Esq., Northampton; Charles Hayes Higgins, Esq., Taunton; W. J. Wickham, Esq., Winchester; James Mackness, M.D., Hastings; W. Newnham, Esq., Farnham; W. P. Pain, Esq., Farnham; Henry Terry, jun., Esq., Northampton; George Fletcher, Esq., Croydon; Edward Holme, M.D., Manchester; Joseph Jordan, Esq., Manchester; Edmund Lyon, M.D., Manchester; Wm. Gibbon, Esq., Kettering; John Harrison, Esq., Chester; W. M'Ewen, Esq., Chester; John M. Bryan, Esq., Northampton; Edward Nason, Esq., Nuneaton; Francis Elkington, Esq., Birmingham; James Inglis, M.D., Halifax; Charles F. Favell, M.D., Sheffield; Ferguson Branson, M.D., Sheffield; Henry Gatty, Esq., Market Harborough; Henry G. Bull, M.D., Hereford; Edwd. Daniell, Esq., Newport Pagnel; David Torrance, Esq., Rugby; Charles Cowan, M.D., Reading; Charles Noble, Esq., Brixworth; James Edwards, M.D., Chester; J. Black, M.D., Manchester; Corbet Whitton, M.D., Banbury; John Forbes, M.D., London; George Grant, Esq., Northampton; Walter Buchanan,

Esq.; Peter F. Luard, M.D., Leamington; Matthew Sharman, Esq., Daventry; George Olive, Esq., Northampton; John J. Evans, Esq., St. Neots; Edgar Sheppard, Esq., Worcester; Thomas Aspern, Esq., Northampton; Thomas Workman, Esq., Basingstoke; Thomas Hodgkin, M.D., London; W. Sole, Esq., St. Neots; Frederick Cox, Esq., Welford; John Marriott, Esq., Kibworth; James Heygate, M.D., F.R.S., Derby; Henry Scrase, Esq., Long Buckby; Charles John Woods, Esq., Godmanchester; F. B. Woods, Esq., Northampton; S. Hare, Esq., London; W. S. Wyman, Esq., Kettering; W. Dix, Esq., Long Buckby; David Thomas, Esq., Rounds; H. Williams, Esq., Thrapston; Thomas Clark, Esq., Wellingborough; George Cotton, Esq., Northampton; D. Thomas, Esq., Northampton; R. W. Watkins, Esq., Towcester; E. T. Watkins, Esq., Towcester; R. M. Freeman, Esq., Stony Stratford; Thomas Heygate, Esq., Market Harborough; James Paxton, M.D., Rugby; F. H. Marshall, Esq., Moulton; A. H. Daniell, Esq., Great Easton; J. P. Knott, Esq., Blisworth; Samuel Crompton, Esq., Manchester; Benjamin Lever, Esq., Blakesley; Thomas Slater, Esq., Rothwell; Charles Dodd, Esq., Northampton; Charles Faircloth, Esq., York; J. G. Leete, Esq., Thrapston; H. F. Horne, Esq., London; Frederick Salmon, Esq., London; John Francis, Esq., Market Harborough; Samuel Bucknill, Esq., Rugby; John W. Wilton, Esq., Gloucester; John Collier, Esq., Brackley; Thomas Collier, Esq., Towcester; W. Price, Esq., Leeds; Jonathan Toogood, M.D., Bridgwater; John Nedham, Esq., Leicester; Thomas Paget, Esq., Leicester; Dr. Shaw, Leicester; T. W. Starr, M.D., Kettering; W. G. Porter, Esq., Peterborough; Wm. Budd, M.D., Bristol; Benjamin Dulley, Esq., Wellingborough; Andrew Fennie, Esq., Wellingborough; Wm. Wootton, Esq., Harrold; Theodore Boisragon, M.D., Cheltenham; Geo. Cowley, Esq., Winslow, Bucks; Henry Veasey, Esq., Woburn; Edward Thompson, Esq., Daventry; Robt. C. Hurst, Esq., Bedford; Edward Welshman, Esq., Southam; W. Coughton, Esq., Kettering; John Sutton, Esq., Greenwich; R. Jones, Esq., Brackley; R. B. Walcott, Esq., London; T. Herbert Barker, Esq., Bedford; Isaac Hurst, Esq., Bedford; George Witt, M.D., Bedford; Robert Storrs, Esq., Doncaster; Sir G. Levefre, London; Henry Giles, Esq., Stourbridge; Wm. A. Elston, Esq., Bridgnorth; A. Robertson, M.D., Northampton; H. Kerr, M.D., Northampton; Edward Wallace, Esq., Carshalton; T. Martin, Esq., Reigate.

In consequence of the lamented death of the late President, Mr. Hey, Dr. HASTINGS, the President of

the Council, was called to the chair, and proceeded to address the meeting as follows:—

GENTLEMEN,—

In consequence of the lamented death of our President, Mr. Hey, it becomes my painful duty, as President of the Council, to open the proceedings at this Anniversary Meeting. And it would ill become me to pass by, without notice, the mournful event which has deprived you of the services of one who was in every way worthy to occupy so distinguished a post.

There is no name in the annals of British Surgery more calculated than that of Hey to awaken emotion in the hearts of those who feel warmly for the successful prosecution of our noble art. The father of our late President shone forth as a bright star in the horizon, and the history of his labours still sheds a lustre of no ordinary splendour around his descendants. Paternity alone therefore would have secured for your late President respect and regard; but he had still higher claims as a successful prosecutor of science, and was united to you by nearer and more endearing ties. He won your affection and gratitude by displaying no ordinary zeal for the success of this flourishing Association, which he considered “as constituting a new era in the medical history of the provinces, by eliciting talent, by propagating zeal in every department, and generally by raising the character of the profession.”

I feel confident that no member who was present at Leeds, and witnessed our delightful re-union there, can have forgotten the simplicity, the modesty, and yet the surpassing dignity with which Mr. Hey presided over the sittings, and thus led you peacefully and harmoniously through your arduous labours. These considerations must add poignancy to the regret that he is not amongst us this day to invigorate our exertions, to share the joy which all must feel, that the Association goes on prospering and to prosper, and to wish us God speed in our onward course.

Requiescat in pace

Vivit post funera virtus.

The Association has also sustained another heavy bereavement during the past year in the death of one of our Vice-Presidents, the venerated Dr. Barlow; and although I incur the risk of detaining you longer than the formal resignation of the chair would seem to imply, I must seize the opportunity of recording very briefly a few particulars, which are known only to myself, relative to the share which my esteemed friend took in founding this Association.

The Midland Reporter, which commenced in 1828, was the forerunner of this Association, and one of the most gratifying results of the establishment of that periodical was the introduction which it afforded me to my medical brethren, and to it I am indebted for my acquaintance with Dr. Barlow.

That acquaintance, by degrees, ripened into friendship; and in March, 1832, I consulted him as to the practicability of forming an extensive Association for the advancement of Medical Science in the provinces, having its centre in the midland district. Dr. Barlow entered enthusiastically into the plan, and he replied

to my letter by return of post, saying—“I have received your prospectus, and have no hesitation in expressing my cordial approval of the design, or in tendering you such assistance as I can in any way render.”

In a few days he again addressed me, stating that he had conversed with several of his medical brethren in Bath and Bristol relative to the project, and found, almost without exception, a strong desire evinced to become members of such an Association. He even suggested that I should at once go down to Bristol, and unfold the scheme to a meeting of the profession there, for he said—“My belief is, that by adopting this plan, the project would be formed at once, under favourable auspices, and that associates, in abundance, would afterwards flock in for their own sakes. Indeed, so obvious and indisputable are the advantages, that I would consider all solicitation superfluous. Certain influential individuals I would solicit, but the great body of practitioners I would leave to their own impulse. The Association must exert a certain and powerful attraction, and, as yet, I cannot perceive in your scheme a single repellant point.”

All, however, was not so smooth; and Dr. Barlow wrote to me, on the 22nd of April, a more guarded communication, in which he states—“I am not able to arrive at clear conceptions, so as to satisfy my own mind on what your useful design ought to embrace, or how it could best be organized. On the principle, I could decide promptly and with unhesitating approval; in the details, I have from the first anticipated some difficulty, although none of which intelligence, energy, and right feeling, such as you evince, may not successfully obviate. The encouragement which you receive is highly gratifying, and I hail it as a pledge that, from the profession generally, you will meet with support fully adequate for realising your purpose. however portions of it may yield themselves to unfavourable bias.”

From the date of this letter until the time of holding the first meeting at the Worcester Infirmary, on the 19th of July, I was in frequent communication with Dr. Barlow, and we discussed freely the principles on which the Association should be founded, and especially aimed at simplicity in framing the code of laws. The result was the formation of the Association at Worcester, and the unanimous adoption, with very little alteration, of the code of laws that had been agreed upon between us, and which laws have remained almost unchanged to the present time. I cannot resist making one more quotation from my friend's letters, in order to show you the impression produced on his mind by the first meeting.

He says, “I must first congratulate you on the signal success of your project, which I consider as fully established; nothing could be more decisive than the evidence furnished by Thursday's attendance, and the whole proceedings of the day must have gratified you highly. Notwithstanding my constitutional disinclination to public assemblages and festive revels, it was to me a day of peculiar pleasure.”

I shall not pursue the subject further, but shall be

satisfied if I have succeeded in doing an act of justice to my departed friend, by showing how deeply interested he was in the success of this Institution in its nascent state, and how successfully he devoted himself in so forming it as to become in after years vigorous and flourishing. I need not go further; you know the rest. If you are ignorant on this matter the records of our Association will inform you, for they say of him,

Semper honos nomenque tuum
laudesque manebunt.

It now only remains that I should resign this chair to you, Dr. Robertson, which I do with unfeigned gratification.

It is now nearly thirty years since we wandered together, when students, on the Scottish cliffs; and looking forward with prospective eye to future years we agreed to have occasional meetings in which we might talk over the past and dip into medical lore. Happy is it that we meet so auspiciously together on the present occasion. Happy am I to see you in so elevated a position, and worthy to be seated in a chair which has been successively filled by distinguished predecessors.

DR. ROBERTSON, the President, having taken the chair, rose and read the following address.

THE PRESIDENT'S ADDRESS.

GENTLEMEN,—My first and most pleasing duty on taking the chair is to thank you for your attendance on this occasion; and, in the name of our Local Council, as well as my own, to bid such of you as come from a distance a cordial welcome to the small but central town of Northampton.

Gentlemen, I will not attempt to express my feelings at being called upon to preside over this great Association. The pride and pleasure naturally inspired by such a high honour are, on the present occasion, damped and repressed by serious misgivings on my own part as to my fitness to discharge the duties of this chair in the way in which they ought to be discharged; or—I may add—in the way in which they have been discharged, in past years, by my distinguished predecessors.

But, though silent on the subject of my own feelings, I should ill discharge my duty if I did not express, in warm and emphatic language, my gratitude, in common with that of my medical brethren of this town and neighbourhood, for the honour you have done to the whole profession of this district by selecting Northampton as your present place of meeting. The value of the compliment thus paid is greatly enhanced in our estimation by the fact, that our small and comparatively unimportant town has few attractions, and but little to recommend it, except its midland and accessible situation. We cannot, like Oxford, boast of splendid colleges, and venerable halls, bearing the impress of hoar antiquity; or extensive libraries, stored with the accumulated learning of centuries. We cannot, like York, point to a superb Minster, delighting the eye with its beauty, and filling the imagination with its vastness; a majestic combination of the gorgeous, the solemn, and the sublime; and forming as a

whole one of the most magnificent fanes ever reared by man to the honour of the living and true God. We cannot, like our brethren at Liverpool, point to a noble and navigable river, with spacious docks and countless shipping,—the apparatus of a gigantic commerce. Nor can we gratify the curiosity of strangers with the miracles of machinery that are to be met with at Manchester, that great metropolis of manufactures. We have nothing within our precincts to rival the massive Cathedral of Exeter, “the capital of the west;” or the striking scenery of its beautiful environs. We have, I regret to say, no museum of natural history; no botanic garden, no philosophical societies, like other towns where the Association has heretofore met. And yet, gentlemen, our neighbourhood is not devoid of interest, nor destitute of objects calculated to allure and gratify enlightened taste. The business of the Association will almost wholly absorb the two days set apart for our annual meeting; but if any of you can afford to prolong your stay when the meeting is over, and devote two or three days to recreation, I venture to assure you that you might spend the time with both pleasure and profit.

First, you might have the high gratification of inspecting Althorp, only six miles from our town, the country seat of Earl Spencer; a mansion rich in the treasures of the fine arts, but more especially noted for the celebrated library collected by the munificence of the late Earl Spencer, “a name dear to letters.” It is, I believe, the finest private library in the kingdom; and besides works in every department of literature, contains rare books, and rare editions of books, to an almost incalculable amount. In an opposite direction, eight miles distant, you might visit Castle Ashby, a fine, imposing, baronial-looking structure, the residence of the Marquis of Northampton, the accomplished President of the Royal Society; a nobleman whose love of science, and courtesy to men of letters, are the theme of general praise. The Castle stands on an eminence of considerable height, and looks, on one side, upon a noble avenue of trees, leading to an extensive chase; while on the other it commands a rich and varied prospect of rural scenery, interspersed with spires, and towers, and towns, to the extent of many miles.

But it would be tedious to speak of the noblemen's and gentlemen's seats with which Northamptonshire is thickly studded. As a county it has been quaintly said to be remarkable for “Springs, Spires, and Squires.” Of the springs, I shall have occasion to speak by and bye. As to the spires, I shall only say, that the lovers of ecclesiastical architecture will find a rich treat in almost every part of the county; more especially at Brixworth and Earls Barton, which are considered by antiquaries the oldest specimens of church architecture in the kingdom. Of the squires, although highly respectable, and many of them of ancient lineage, it would be foreign to my purpose to speak in this place. It will be more consonant with the aim and scope of this address if I notice a few individuals, famous in their day and generation, who have been identified with Northamptonshire as natives

or residents. Dryden the poet, the great master of modern verse, was a native of this county. He was born at Aldwinkle, near Thrapston, in the year 1631. The family is still in existence, and their present worthy representative, Sir Henry Dryden, is at this moment the High Sheriff of our county. Benjamin Franklin, the American philosopher and statesman, unquestionably one of the most remarkable men of his age, was the descendant of a family that for generations had given blacksmiths to the village of Ecton, in this neighbourhood. Dr. Percy, Bishop of Dromore, the friend of Dr. Johnson, and the collector of the celebrated "Reliques of Ancient English Poetry," was a resident clergyman of this county for several years. An excellent portrait of the good Bishop is to be seen in the collection of his grandson, Ambrose Isted, Esq., in this immediate vicinity. The Rev. James Hervey, the popular author of the "Meditations," was born at Hardingstone, close to our town, and was the incumbent of Weston Favell, two miles eastward from Northampton, where he died in the year 1758, at the age of forty-five. He was a most amiable and sincere man, and his late residence is to this day an object of great attraction with the religious world. The celebrated David Garrick, though not a native of the county, was a frequent visitor at Althorp and other great houses. At Abington Abbey, a mile and a half eastward from the town, there is a fine tree to be seen, bearing the inscription that it was "planted in the year 1778, by David Garrick, as a *growing proof* of his friendship" for the hospitable owner of the mansion. I shall close these passing memoranda by mentioning that Akenside, the poet, was a physician in Northampton a hundred years ago. His success, however, did not come up either to his talents or expectations; so that after a short residence here he migrated to the metropolis, then, as now, the great arena of professional enterprise, emulation, and ambition.

Among the places in the vicinity of Northampton worthy of the notice of strangers I must not omit to mention Olney,—a small town, but rendered interesting, and indeed classical, by having been the residence of Cowper, the poet. In a garden there, you are still shown the summer-house in which he wrote "The Task,"—a delightful poem that will last as long as the English language. He has skilfully worked the principal scenery of the neighbourhood into that celebrated performance. Most of you must be familiar with the graphic commencement of the 4th book, describing the arrival of the postman:

"Hark! 'tis the twanging horn o'er yonder bridge
That, with its wearisome but needful length
Bestrides the wintry flood, in which the moon
Sees her unwrinkled face reflected bright."

It is thus the long, narrow, and irregular old bridge over the River Ouse is delineated. But alas! for the perishable nature of objects dear to the antiquary and to the muse! The bridge thus tunelessly described has been removed of late years, and has been replaced, in conformity with the Utilitarian taste of this age, by a structure certainly more convenient, but much less

picturesque, and less poetical in its associations, than its ancient predecessor.

Twelve miles to the northward of Northampton we come to the memorable field of Naseby, where, very nearly two hundred years ago, the ill-fated Charles the First was irretrievably defeated by Cromwell; an event which ultimately lost the unfortunate sovereign his crown and life, and led to the temporary overthrow of the church and monarchy in these realms. On the highest part of the battle-field there is placed a lofty obelisk, erected about twenty years ago by the Lord and Lady of the Manor of Naseby, and bearing the following judicious and temperate inscription:—

"To Commemorate
that great and decisive battle
fought in this field,
on the XIV day of June, MDCXLV,
between the Royalist army
commanded by his Majesty
King Charles the First,
and the Parliamentary forces
headed by the Generals Fairfax and Cromwell,
which terminated fatally
for the Royal cause,
led to the subversion of the Throne,
the Altar, and the Constitution,
and for years plunged this Nation
into the horrors of Anarchy
and Civil war;
leaving a useful lesson to British Kings,
never to exceed the bounds
of their just prerogative;
and to British Subjects,
never to swerve from the allegiance
due to their legitimate Monarch."

About midway between Naseby Field and Northampton stands the palace of Holdenby, now almost a ruin. It was here, and at Carisbrooke Castle, in the Isle of Wight, that King Charles endured his lengthened captivity. This palace was built by Sir Christopher Hatton, Privy Councillor and Chancellor to Queen Elizabeth, to whom he afterwards sold it. It is beautifully situated on a commanding height, and is an object of interest to most tourists.

To such of you as are fond of Archæology it will be gratifying to hear that Northamptonshire is pretty rich in Roman remains. The most remarkable of these are to be found at Burrow Hill, near Daventry; at Arbury Hill, near Catesby; at Lilburn, in the direction of Lutterworth; and at Chipping Warden, in the neighbourhood of Banbury. Moreover, the Watling-street-road, the *Via Vitelliana* of the Romans, and which is believed by antiquaries to have been an ancient British road for centuries before the Romans were lords of this island, traverses the county in its entire breadth, running nearly straight from Stoney Stratford to the vicinity of Lutterworth. Its transit across the county is almost coincident with the line of the London and Birmingham Railway; a modern work which need not shrink from a comparison with the greatest public works of ancient Rome; a work, I might add, undertaken with Roman spirit, carried on

with Roman perseverance, and accomplished by more than Roman resources of science and money. I may further mention, that within an easy walk of Northampton is situated Clifford Hill, well known to have been a Roman *specula*, or signal station. It is a conical eminence of some height, rising abruptly in the valley of the Nen, as if it had been tossed thither from a distance, or upheaved by some partial convulsion of nature. What striking changes are brought about by time! If we give the reins to imagination, and transport ourselves back to the commencement of the Christian era, we might conceive of Clifford Hill as a solitude "stern and wild," and fancy we heard the heavy tread of the sentinel stalking "his lonely round" on its naked summit. Perhaps this solitary watchman belonged to one of those invincible Legion, that had subjugated the world, so far as the world was then known; or perhaps he might be one of the famous Prætorian Guards, whose duty it was to protect the Emperor, and who did protect him by permitting no violence to him, except their own! They were virtually the masters of the world; for they not unfrequently, as their caprice or ferocity dictated, bestowed the diadem and the purple on whomsoever they pleased. "*Eripit persona, manet res*;"—man perishes; but nature endures from age to age! Clifford Hill stands now where it did; but if you were to visit it at present, the chances are,—instead of the ideal footfall of the Roman sentinel, you would hear the actual sounds of music and of song proceeding from some festive party, who have rowed down the river, and disembarked upon the airy steep, to celebrate their summer holiday.

But I now hasten, as more in accordance with the objects of our Association, to give a cursory glance at the topography of Northamptonshire, and a brief account of its principle diseases.

The county of Northampton is no less than sixty-six miles in length, while it is only about twenty in breadth at any one part. Extending from south-west to north-east, it may be said to be inserted like a wedge into the very heart of the midland counties, and comes in contact with no less than nine of them—to wit: Bedford, Buckingham, Oxford, Warwick, Leicester, Rutland, Lincoln, Cambridge, and Huntingdon. The general surface of the county is very undulating and unequal. Its western end is high ground, indeed, the highest in the kingdom; but as we advance eastward, it gradually declines by an imperceptible slope, till it becomes almost a dead level, and loses itself in the fens of Lincolnshire and Cambridgeshire. The high ground bordering upon Oxfordshire and Warwickshire may be said to resemble the thick end of the wedge, while its thin edge is represented by the flat ground in the far-east around the city of Peterborough. In proof that the western portion of the county contains the highest table-land of the kingdom, I may cite the fact that three considerable rivers, namely, the Nen, the Welland, and the Avon, take their rise there. They have their source in Naseby Field, before referred to. The first—to wit, the Nen, on leaving the parent spring, takes a southerly course as far as Northampton;

it then turns to the east, and ultimately falls into the North Sea. The second, viz., the Welland, flows north-eastward by Harborough, Rockingham, and Stamford, and finally discharges itself into the same sea by the estuary called the Wash. The Avon pursues a contrary, that is to say, a westerly direction, passes by Rugby, now so distinguished for its great school, and after washing the outworks of the time-honoured castle of Warwick, and winding gracefully around the birth-place of the immortal Shakspeare at Stratford, continues its course till it falls into the Severn at Tewkesbury, and ultimately meets the waters of the Atlantic. The ground at the south-western extremity of the county, between Brackley and Banbury, is quite as high as Naseby Field, for there also two rivers take their rise; one of which, the Charwell, flows westward by the city of Oxford, and ultimately joins the Thames; while the other, the great river Ouse, runs eastward by Buckingham, Newport Pagnel, and Bedford, and falls into the German Ocean, at Lynn, in Norfolk.

As might be expected from the great elevation of Northamptonshire above the level of the sea, its air is keen and bracing. But it is too stimulating for weak lungs; and the county, at least the western part of it, is, in consequence, by no means a fit residence for pulmonary invalids. I have long had occasion to remark and to deplore the great frequency of phthisis in this midland district. How truly does it realize the forcible words of Gregory in his "*Conspectus Medicinæ Theoreticæ*!" "*Hæc pestis, sæva, atrox, atque insensibilis, teneros et amabiles depascens, cæde et luctu patriam implet.*"

But it is not the keenness of the air alone that generates the consumptive diathesis; the habits and employments of the people tend to produce the same deleterious result. In all the town, and most of the villages throughout this county, the bulk of the artisans are busied in sedentary employments, the men in making boots and shoes, and the women, and even children, in binding shoes and making lace. They are often huddled together in confined apartments. They breathe a heated and contaminated atmosphere all day; and at nightfall, when jaded with their day's work, they turn out to seek exercise or amusement in the open air, they may be seen frequently sauntering about, or standing in groups at the corners of the streets, exposed to the chill and damp of the evening. What wonder that, with such habits, exasperated in too many instances by baneful and beastly intoxication, glandular obstructions, tubercular deposit, or visceral congestions, should be the frequent sequel? It appears to me, beyond doubt, that struma, in its various modifications, is the great endemic of this part of England.

Nor do the agricultural labourers escape much better than the artisans, although their employments are widely different. In them, however, the evil influence of cold and damp displays itself under a different phasis. Rheumatism, dyspepsia, and diseases of the heart, are their general scourge. At our infirmary we have a pretty wide field of observation, and it is astonishing how often the agricultural population, who seek

assistance from its ever-open doors, are the victims of rheumatism, and of those abnormal conditions of the heart which rheumatism is apt to bring with it. Functional disorder of the stomach and organic disease of the liver are also of frequent occurrence. All these, I suspect, are traceable chiefly to the great keenness of the air, combined with damp. Cold singly, or damp singly, may be successfully resisted by the human frame; but when they act in concert they constitute the "pestilence that walketh by night,"—all, at least, what we know of pestilence in this temperate climate. I may also observe that the subsoil of the greater part of Northamptonshire is a stiff clay, that greatly and grievously detains the wet. The abundance of grazing land also, and the very luxuriance of the foliage and of vegetation, all tend to the same end, namely to foster damp. Hence the evil consequences to the agricultural labourers which I have been describing. In corroboration of these views as to the noxious effects of cold and damp, I may mention, that I have for years observed the very frequent occurrence of hepatic disorders at water-mills and other localities near to rivers. The same thing has been observed from time immemorial in the extensive rice-grounds and alluvial plains of Hindostan; affording proofs of the "*scelera aquarum*" on which medical writers of the olden time used to lay so much stress.

Northamptonshire is remarkably free from epidemics. Cases of typhus, synochus, erysipelas, and the like, now and then occur sporadically. But they are generally attributable to the fault of the locality or the predisposition of the individuals, and have never, within my recollection of the neighbourhood, (now extending to a period of six-and-twenty years,) become extensively prevalent. In 1828, ague was epidemic hereabouts; but I believe it was equally so, at that particular time, all over England. In that instance it was surprising to see how it smote higher elevations, even more than villages on a much lower level. The reason of this curious and unexpected fact probably is, that the miasmata producing ague, though generated in low grounds, or swamps, are sure to rise in the atmosphere by their levity, and are apt to impinge against the neighbouring heights. What the miasmata precisely are, in their chemical properties, we know not; but, it is certain, they attach themselves to the hydrogen gas usually evolved in situations where there is stagnant water or decaying vegetable matter. With the hydrogen, they rise into the atmosphere, and often become more manifest, as I have just said, at a distance, than nearer to their source, as causes of disease.

But, gentlemen, I must not pursue these disquisitions at greater length. They would engross too much time, and interfere with the proper business of the Association, which ought now to be proceeded with. Respecting that business I need say nothing in the way of anticipation. It will sufficiently speak for itself. But even should it turn out as uninteresting, as I firmly believe it will the contrary, we shall not have met in vain. The mere fact of our assembling in this manner, for purposes partly scientific and partly social,

is infallibly productive of great benefits to the profession. It brings us together; it makes us personally acquainted; it enables us to know, to appreciate, and to esteem each other. It transmutes into harmony, right feeling, and mutual regard, those jealousies, estrangements, and heart-burnings, which have been too long the reproach, I might say the disgrace, of our noble profession. The Provincial Medical and Surgical Association is thus gradually bringing about a great and salutary reform; a reform, too, for which we are not indebted to the Legislature, nor obliged to court the smiles of any Minister of State. Gentlemen, I am second to no one in my anxiety for the real improvement of our profession; which, to say nothing of its rank as a science, is unquestionably to be classed as the noblest and best of the arts. But, although the honour, dignity, and prosperity of the profession, in all its branches, are dear to my heart, and although I do not undervalue discreet and well-considered reform, I have never been what is called a keen medical reformer. I have always felt that the greatest evils of the profession are such as no legislation can reach or remedy. It may be said of us, as has been said by some one, (I forget whom, for I quote from memory,) in a more general sense:—

"How many ills the race of men endure

"That kings and laws can neither cause nor cure!"

I am alluding here to the arduous and responsible nature of our duties, and the unseasonable hours at which we are often called upon to discharge them; to the labour, physical and mental, inseparable from our anxious career; to the frequent caprice, not to say ingratitude, of patients; to the inroads of quackery from without, and, alas! the occasional out-breakings of it from within, in members of our own fraternity, from whom better things might be expected. To this dark catalogue I am sorry to add the vexations arising out of our illiberal conduct to one another. What legislation, I ask, can grapple with such evils as these?

As to quackery, it must be left to the gradually increasing intelligence of the age; for I firmly believe that, like *Proteus*, no acts of Parliament and no efforts of ours can effectually bind it down. So long as there is cupidity on the one hand and credulity on the other the medical imposture is sure to thrive. It has been said of the antiquity of the healing art "*Medicina nusquam non est*,"—an expression implying that our art is coeval with our race. But if legitimate medicine is ancient, empiricism is scarcely less ancient. Lord Bacon has observed that "quacks and impostors have always held a competition with physicians." This competition, however, is nothing more than a branch of that great and general antagonism perpetually subsisting between truth and error ever since the world began. In our present imperfect state we are doomed to witness the painful spectacle of error frequently confronting truth in her high places, and usurping her greatest prerogatives, just as the noxious and unprofitable weeds are seen to grow up side by side with the golden grain. But let us not disquiet ourselves,

nor give way to despair. Truth will be omnipotent in the end, although "*the end is not yet.*" Truth is immortal and immutable;—"Time writes no wrinkle on her radiant brow." Legitimate medical science, which we, in our day and generation, are honestly and labouriously cultivating, is based upon and bound up with all truth. Their destiny is the same; and their joint triumph, though perhaps tardy, will be signal and complete. With this firm conviction, let us rest in hope.

But, Gentlemen, although quackery and the other ills I have described as inseparable from our lot are without any obvious remedy, surely the same cannot be said of those wrongs arising out of our defective conduct to each other. Here the check is in our own hands; and if we do not apply it the fault is entirely our own. Our reciprocal duties are neither abstrusive nor unintelligible. To find them out, we need not involve ourselves in the intricacies of medical ethics. We may learn them by the simple application of that great moral and social rule, laid down by Him who spoke as never man spake, "Whatsoever ye would that men should do unto you, do ye also unto them." A chivalrous, high-minded, and unshrinking obedience to this golden precept, in the daily intercourse we hold with each other, would alone achieve the greatest good that could possibly be conferred upon our profession. And if we knew the things which belong to our own peace of mind, we would study, individually and collectively, to bring about this greatest and best of all reforms. For what advantageth it if we attain the very summits of professional eminence, unless those summits are gilded by "the sunshine of the breast," the smiles of our own calm, clear, and approving conscience? Reputation is indeed a bubble, if it is not fairly earned. Apollo's proudest laurels are a badge of dishonour and disgrace, if they are come by at the expense of our honest but less fortunate brethren. Let us ever recollect that fame and emolument are not our noblest enjoyments. Cicero, the most accomplished moral essayist of antiquity, has defined, in marked and memorable language, our high position, and the exalted nature of our duties. "*Homines ad Deos nullā re propius accedunt, quam salutem hominibus dando.*" These words are familiar, and have been often quoted; but yet they cannot be kept too constantly before the mind if we wish to cherish that respect for our order which is one of the greatest incentives to honourable conduct, both professional and personal. It is by "doing justly" to our professional brethren—and to all mankind;—by "loving mercy,"—in the unwearied exercise of our Godlike profession;—and by "walking humbly" in the sight of our great Creator, like those that have to give an account, that we shall best fulfil the beneficent mission whereupon we are sent into this world.

The President having concluded his address, now proceeded to call upon the Secretary, Dr. Streeten, to read the Report of the Council.

REPORT OF THE COUNCIL.

In presenting the report of their proceedings since the last Anniversary, the Council, before directing attention to the objects which especially call for observation, have the pleasing duty of reporting the continued prosperity of the Association. Two important evidences of this prosperity present themselves in the progressive increase in the number of the members, and the greater regularity in the payment of the subscriptions. The admissions of new Members to the Society, during the preceeding twelve months, amount to 219; and the total number now on our lists, including Honorary and Honorary Corresponding Members, and the members of the Taunton Association, whose accession will be this day announced, is 1784. Out of so large a number there will always be found some who from various causes are backward in answering the demands made upon them, and possibly some few who may be defaulters without excuse; but the general financial statements of the last two or three years will evidence that an improvement has taken place in this respect, and the Council trust that the evil alluded to has had its rise, for the most part, in inadvertence or misapprehension, and would hope that it only requires to be pointed out to be still further obviated in future. Under any circumstances, the members must see that unless the subscriptions are duly and regularly paid the Association must be much crippled in its efforts, and its efficiency for the purposes for which it has been instituted to a corresponding amount impaired.

The detailed statement of accounts, which will be laid before the Meeting by the Treasurer, will sufficiently explain both the income of the Association and the manner in which that income has been applied; and it is only necessary here to announce the gross amount of the receipts and expenditure:—

	£.	s.	d.
Receipts	2161	12	0
Expenditure	1660	9	6½
Balance	£501	2	5½

The Council will now proceed to lay before the Meeting some information respecting that part of their proceedings which has reference to the publication of the Association. A volume of Transactions, containing the admirable addresses and some of the valuable papers read at the last Anniversary, has been issued to the Members as heretofore; and the supply of a weekly Medical Periodical has been regularly kept up. In the report read at the last Anniversary it is stated, that "Your Council have every reason to believe they shall come to an arrangement with the proprietors to continue it (the *Provincial Medical Journal*) at a small additional cost to the Association." This arrangement with the proprietors of the *Provincial Medical Journal* was entered into, and the Journal duly forwarded as before. At the expiration of a few weeks, however, an application for a still further increase in the sum allotted for this purpose was made. The additional advance on the sum formerly paid was considered insufficient by the acting proprietor, not merely to afford any profit or adequate remuneration for his trouble, but to enable him to make those arrangements which were considered to be essential for conducting the Journal in an efficient and satis-

factory manner. After several applications, therefore, for a further increase of the amount paid for the Journal, and the final proposal of terms, which the Council did not feel themselves justified in acceding to, the Council, after mature deliberation, came to the conclusion that the then existing arrangements between the Association and the proprietors of the Journal could no longer be carried out with advantage or satisfaction to either party, and that the objects of the Association would be best attained, and its interests consulted, by having a weekly periodical entirely under their own management. According to the statements which the Council from time to time received, the proprietors of the Journal, on the one hand, appeared to derive no profit, and no sufficient remuneration was allowed to those who had the management of it; on the other hand, the Association, though contributing the greatest part, if not the whole of the funds necessary for carrying on the concern, had not, and could not have, that entire controul over it which was desirable, and which, under the circumstances, they had a right to expect. On the last proposals made by the acting proprietor being submitted to them early in January last, the Council resolved, that after the termination of the volume a weekly periodical should be published, devoted solely and expressly to the interests of the Association, and with reference to the same objects for which the Association was originally instituted. Accordingly, the Journal has since this period been issued directly under the controul of the Council, and it is hoped that this arrangement may have proved satisfactory to the Members and advantageous to the Association.

The Council will now turn to that portion of their proceedings which, referring to the important questions now under consideration by the Legislature, are necessarily of more public interest, and possessed of higher claims upon the attention of the meeting. It will be recollected that at the last Anniversary a deputation, consisting of our late President, the respected and venerated Mr. Hey, (whose loss during the time that he held the office the Association has to deplore,) and of many of the most eminent members of the Association, was appointed, to obtain, without delay, an interview with her Majesty's Government, in order to explain those sound principles of medical legislation, which, it was believed, would alone be satisfactory to the profession and conducive to the welfare of all classes of her Majesty's subjects.

With a view to the fulfilment of the objects contemplated in the appointment of the deputation, a letter was immediately addressed by Mr. Hey, both to the Home Secretary and to Sir Robert Peel, soliciting an interview, and especially urging as a reason why it should then be granted, the forward state of preparation in which the Charter of the Royal College of Surgeons, which has since appeared, was understood to be. It is with regret that the Council have to inform the Association that the interview so timely and so reasonably sought for was refused both by Sir Robert Peel and by Sir James Graham, and that every application made by the Council to obtain for the deputation access to her Majesty's Government, both before and since the granting of the Charter before mentioned, has proved equally unsuccessful. Under these circum-

stances, the only course which seemed open to the Council was to draw up a statement of the principles recognized by the Association as those on which any measure for the reform or re-constitution of the medical profession should be based; and as soon as the Government measure should be announced, to place this statement in the hands of every Member of the House of Commons. A statement was accordingly drawn up and sent to the Councils of the several Branch Associations for their consideration, and the necessary steps were taken for distributing it among the Members of Parliament.

It is with much pleasure that the Council can report the progress made on the subject of the providing of medical relief for the sick poor. Since the last anniversary, the whole question has undergone an investigation before a Committee of the House of Commons, presided over by Lord Ashley, a nobleman whose name will ever be dear to humanity, and the recollection of whose exertions in the cause of the poor and the oppressed will long survive, when the strife of party is hushed, and those who have engaged in it have passed away.

To Lord Ashley, assisted in his enquiries by the energy and zeal of an eminent and respected member of our own profession, Mr. Guthrie, we are indebted for the opportunity of bringing before the Legislature many important facts and statements relative to the medical care of the poor; and of showing the necessity for the enactment of comprehensive measures for preserving the health as well as relieving the diseases of the labouring population. It is not, perhaps, too much to hope, now that the defects and abuses have been clearly developed, and more correct views on the method of supplying medical relief to the poor have been pointed out, that a better system will henceforth be pursued, one more efficient for the attainment of the object professedly sought, and at the same time capable of being worked without detriment and injustice to the medical officers employed.

Much of the information afforded to the Committee was derived from the valuable reports published by this Association; and for additional facts, furnished through the instrumentality of the Association, the Council have to express their obligations to those gentlemen who forwarded replies to a series of questions recently circulated for the purpose of obtaining information on the subject.

On the appointment of Lord Ashley's Committee, the Council, at the instance of Mr. Guthrie, nominated two of their members, Mr. Ceely, of Aylesbury, and Mr. Rumsey, of Gloucester, whose qualifications for the task are well known to the meeting, to represent the Association before the Committee; and in order to give weight to the evidence of these gentlemen, and to supply them with facts on the subject of providing medical relief for the poor generally, whether by the Poor-law authorities, by public charities, or by the gratuitous benevolence of the members of the medical profession, the series of questions alluded to was drawn up.

The questions were sent to those members of the Council and others, resident in some of the larger cities and towns, who it was thought would, from various circumstances, be most capable of giving the

information required. The combined result of this inquiry, and of the former inquiries of the Poor-law Committees of the Association, will, it is hoped, assist in bringing about those changes which the necessities of the poor so loudly call for, and in removing those causes of complaint which a large number of the members of the medical profession have long, and almost without hope of redress, endured.

The Council have to thank Mr. Guthrie also for his obliging attention to the representatives of the Association, and for many facilities obtained by him towards the convenient and satisfactory discharge of the duties imposed on them.

The precise nature and extent of the improvements suggested by Mr. Ceely and Mr. Rumsey will be seen by perusing their evidence in the recently published Parliamentary Report of the minutes of evidence taken before the Medical Poor Relief Committee.

It may not however be amiss, on the present occasion, to state the substance of the recommendations of our delegates, and to urge on the Members of the Association the great importance of supporting them by every possible effort, individual and collective, during the interval before the next session of Parliament, when the subject will probably be fully discussed by the Legislature.

The following are the heads of the plan submitted to the Parliamentary Committee:—

First. That the provision of medical aid for the poor be separated from the administration of the Poor-laws; with the reservation of certain powers to the Poor-law Commissioners and the Boards of Guardians.

Secondly. That the administration of medical aid be combined with the regulation of the sanitary condition of the labouring population, and be committed to authorities, central and local, to be constituted expressly for the management of this department.

Thirdly. That the expenses of this public provision of medical and sanitary care be defrayed out of funds, distinct from the poor rates, and to be raised for the purpose in every locality.

Fourthly. That an adequate remuneration, equitably adjusted, be paid to a sufficient number of medical officers, appointed to take care of the poor, in conveniently arranged districts.

Fifthly. That medicines be supplied to the sick poor by the proposed authorities, the cost thereof being defrayed out of the funds before mentioned; and that in places where the separate provision of medicine may be impracticable, the medical officers be paid, at a fixed rate for the supply of the same.

Sixthly. That the poor, when sick or hurt, be provided freely and promptly with medical aid, no official check being interposed between them and the relief they need; and that the receipt of medical relief shall not constitute them paupers.

The Council would feel it to be their duty to enlarge upon that truly valuable department of the Association, the Benevolent Fund, and urge upon the members the adoption of some plan by which its efficiency might be increased and its benefits more generally extended; but since notice of a motion has been given which will bring the subject fully before the meeting, they deem it more advisable to leave it for consideration to the members assembled. They will,

therefore, content themselves with remarking, that valuable and timely aid, to the extent which the limited means at the disposal of the Committee would admit, has been given to several persons standing in need of it, and that whatever decision the Association may come to with respect to the motion to be submitted to them, it is highly desirable that every effort should be made to increase the fund capable of being appropriated to these purposes, so as to extend the operation of this truly admirable charity. The receipts and expenditure for the past year, together, with the general state of the fund, will be more particularly detailed in the report to be presented to the meeting by the Central Committee of Management when it will be found, that although the charity is not supported to the extent that could be wished, yet that its prospects are gradually and steadily improving.

It now only remains for the Council to point out to the members of the Association the importance of continuing in the same course which they have hitherto so steadily and so prosperously followed. The experience of each succeeding year demonstrates the excellence of the constitution originally adopted for the Association, and the soundness of the rules and regulations under which it has arrived at its present condition. Any departure from these rules, involving a change of principle, should not be hastily thought of; and the record of the past shows that in our future course we cannot do better than keep the same objects in view, and seek the attainment of them by the same means. The Council cannot conclude their report without expressing their conviction, that the Association has materially contributed towards diffusing principles of unity and good feeling amongst the members of the medical profession residing in the provinces. It has formed a bond of union for them, a rallying point to which all might have recourse. They will venture to entertain the hope that it may become more and more worthy of the confidence and support which it has experienced, and that it will long be looked up to as the means of extensive good alike to the members of the profession and to the community for whose benefit the exercise of the science and art of medicine is mainly intended. It is to this latter object that all our efforts ultimately tend, and to be permitted to aid in the advancement of that Divine science which brings relief in sickness and affliction to suffering humanity, is indeed a glorious object, and worthy of the united energies of the numerous and intelligent members of this influential Association.

Mr. TERRY, sen., of Northampton, moved,—

“That the report of the Council now read be adopted and printed.”

Mr. PERCIVAL, sen., of Northampton, seconded the resolution, which was adopted.

Dr. FAVELL, of Sheffield, then rose to move—

“That this meeting is deeply sensible of the loss which the Association has sustained since the last anniversary, in the decease of their President, Mr. Hey; and that they are desirous of recording, on this occasion, those feelings of esteem and veneration with which his memory must ever be regarded, and of offering to his family the sincere expression of their condolence and sympathy.”

He observed that it was with mixed feelings of pleasure and pain that he proposed this resolution: of pleasure, because it afforded him an opportunity of recording his sense of the many excellent qualities possessed by the late President; of pain, inasmuch as it reminded him that those qualities, as exhibited by himself, would be seen by them no more. There were several points in which sentiments of esteem and veneration might well be directed to the memory of Mr. Hey. If they viewed him in his professional character, he was a man well and intimately versed in the knowledge of his profession; he exercised his duties with the greatest kindness of feeling, at the same time that his courtesy towards his professional brethren was well known, but not more so than his sympathy and kind-heartedness for the suffering patient. (Hear.) The memory of his virtues would ever be fresh in the minds of those who knew him. But there was another character in which his memory could not fail of being esteemed: that is to say, he was a Christian. There had been too long a stigma cast upon the medical profession, in that they were supposed not to be favourable to high religious sentiments; but the character of Mr. Hey showed that there was no incompatibility between the profession of the highest Christian principle and of the greatest professional eminence (cheers); and Mr. Hey was as distinguished for the former as for the latter. (Cheers.)

MR. SODEN seconded the resolution in similar terms.

MR. HODGSON, of Birmingham, then proposed—

"That the thanks of this meeting be given to the President of the Council, Dr. Hastings, for his continued and zealous attention to the welfare of the Association."

In doing so Mr. Hodgson stated that every Member of the Society would agree with him that they were deeply indebted to Dr. Hastings for the care and attention he had constantly bestowed on the Society. (Cheers.)

MR. MARTIN, of Reigate, seconded the resolution.

The PRESIDENT also rose and said that the Society was indebted to Dr. Hastings, as one of its principal originators, and that nothing but his incessant labours up to the present period could have brought it into so flourishing a state. (Cheers.)

Dr. HASTINGS, in reply, said that his connection with the Association had been one of uninterrupted gratification, without alloy; he had been gratified in many ways, but chiefly, and above all, by seeing the gradual, successful, and powerful growth of an Association which, as the worthy President had last year said, might be considered as forming a new era in the history of provincial medicine. And in looking to future years it must be considered that the Association, if conducted with the same zeal and energy as hitherto, must be productive of the greatest benefits in assisting the future progress of the medical sciences. In addition to the gratification he derived therefrom, was the delight with which, from year to year, he had met his old friends—renewing former acquaintances, and creating new ones, with whom, under other circumstances, he should not have met. This circumstance alone had added a pleasure to his professional life to which otherwise he would have been a stranger. Although he was now apparently removed from the more active duties of the Association, as being its former Secretary,

still there was on his part no dying away of the interest he had always felt in every detail of the Society's proceedings; (hear;) and he trusted that from year to year he should show, by the interest he felt in the Society's affairs, the high sense he had entertained of their approbation. The deep and dignified position in which they had placed him was a fresh tie and obligation upon him, and he trusted that on all occasions he would be found to do his duty towards them as Members of that great and flourishing Association. (Cheers.)

MR. DIX, of Long Buckby, then moved, and Mr. MARSHALL, of Moulton, seconded—

"That the thanks of this meeting be given to the Council for the past year, and that they be requested to continue their services with the following additional members; and that they be empowered to add to their number:—

William Percival, sen., Esq., Northampton; Henry Terry, sen., Esq., Northampton; James Mash, Esq., Northampton; C. W. Beckett, Esq.; M. Martin De Bartolomé, M.D.; W. Jackson, Esq.; Wilson Overend, Esq.; J. T. Porter, Esq.; James Ray, Esq.; G. Turton, Esq. and James Wild, Esq.; all of Sheffield; Edward Henesy, M.D., Ludlow; Edward S. Hughes, M.D., Mold; James Mackness, M.D., Hastings; John Cardew, M.D., Bath; Peter Marriott, Esq., Bath; W. F. Rankin, M.D., Ipswich; John Hutton, Esq., Manchester; John Colthurst, Esq., Clifton; Edward Humpage, Esq., Bristol; G. H. Marshall, Esq., Kington; Edward Wallace, Esq., Carshalton.

MR. NEWNHAM, of Farnham, moved—

"That the thanks of this meeting be given to the Secretary of the Association, Dr. Streeten, for his services during the past year."

Dr. CONOLLY, in seconding this resolution, said that every Member of the Association was well acquainted with the arduous duties of the Secretary's office, and bore testimony to the kindness and courtesy with which at all times Dr. Streeten had treated those who were in correspondence with him.

The PRESIDENT also begged to add that the worthy Secretary had displayed a degree of punctuality in business which had somewhat astonished him; and that therefore he deserved their best thanks. (Cheers.)

Dr. STREETEN, in reply, said it was a source of gratification to him to find that he had given satisfaction to the Association, the more especially as, from the able manner in which the duties of Secretary had been performed by Dr. Hastings, he could not have expected so flattering a testimonial of approval. He had known the Association from its commencement, and had walked hand in hand with its promoters; whatever assistance lay in his power was at their disposal, and he hoped that the continued prosperity of the Association would prove that to the extent of his powers those services had not been in vain. (Cheers.)

In the absence of Dr. Shapter, of Exeter, Mr. NUNNELEY, of Leeds, moved—

"That the District Branches be empowered to present for election to the general Council such of their members as may be deemed advantageous to the general and local interests of the Association."

MR. NUNNELEY, in moving this resolution, read a letter he had received from Dr. Shapter, giving cogent reasons for the adoption of the resolution; and in

which Dr. FORBES, who seconded the resolution, fully coincided.

TAUNTON DEPUTATION.

Mr. HIGGINS, of Taunton, Somersetshire, rose and said that he attended as a deputation from the Taunton and West Somerset Association, for the purpose of stating that after making every inquiry as to the conduct and character of the Provincial Association, and finding that its object was in perfect unison with their own, the Taunton Association had resolved to join them. (Cheers.) This was a source of peculiar pleasure to him, as being the originator of the Taunton Society; and he hoped that ere long this powerful and talented Association would visit the locality which he represented. It was true that Taunton could not boast of being a large town, nor of having extensive accommodations or attractions. Nevertheless, it had many historical associations, and, what was still better, it boasted of zeal for the welfare and efficiency of the profession—(Cheers);—and would hold out the right hand of fellowship, with a hearty welcome of delight, whenever the Association should honour them with a visit. (Cheers.)

Dr. HASTINGS then moved—

“That the Members of the Taunton and West Somerset Medical Association be admitted and enrolled Members of the Provincial Medical and Surgical Association, and that they be constituted a Branch under the provisions by which the Branches of the Association are formed.”

In proposing this resolution, Dr. Hastings alluded to the effect and working of the District Branches as connected with the Parent Society. At first he had entertained a doubt as to their relative effect; but he had had the gratification of observing that in every instance the effect of such Branches had been to increase the number of Members in each locality. In addition, also, to the moral effect which an increase of Members bestowed on the Association, there was the advantage of having an opportunity of collecting, from various parts of the kingdom, the sentiments of the profession with regard to any particular or difficult question, engrossing general attention; as a proof of which he mentioned that the Council had made it a rule on all such occasions to consult the Secretaries of the various District Associations, and through them the bulk of the profession. He had at first suspected that the Branch Associations might prove a drawback to the Parent Society in the item of expense, but here also he had been agreeably disappointed, for the total amount which the whole of the Branches had cost the Association during the past year was no more than £41. 13s., including the expenses of collecting the subscriptions. He was glad to hear that Mr. Martin, of Reigate, was engaged in forming a South Eastern Branch, to which he looked for a large increase of Members; and he concluded by proposing, with great pleasure, the resolution above-mentioned.

Dr. BLACK, of Manchester, seconded the motion, and said that he had no doubt the Association would number 2,000 by the next anniversary. He did not altogether approve of the provisions of the Association relative to the enrolment of the Branches, inasmuch as the latter were at liberty to withdraw 3s. out of their guinea for local expenses. He wished to see that rule

abolished, for the withdrawal of so trifling an advantage would not deter one new Member from joining, while at the same time the expense to the Parent Society would be done away with.

The resolution was then carried, and—

Dr. FORBES moved, and Dr. COWAN seconded—

“That Thomas D. Mütter, M.D., of Philadelphia, Professor of Surgery in Jefferson Medical College, be appointed an Honorary Corresponding Member of the Provincial Medical and Surgical Association.”

In moving this resolution Dr. Forbes said that Dr. Mütter, who had recently been prosecuting his studies in London, had spoken in a flattering manner of the medical profession in this country, which was so far satisfactory as coming from so eminent a man.

SCHOOLS OF PRELIMINARY EDUCATION FOR THE SONS OF MEDICAL MEN.

Mr. MARTIN, of Reigate, then rose for the purpose of advocating the establishment of schools for the sons of members of the profession. He begged to suggest for the consideration of the Association, in reference to the subject of the primary or preliminary education of their sons, that anything like a good scholastic education could scarcely be procured for them without incurring a heavy expense. Of late years, he observed, the principle of co-operation had been found to be effectual in carrying out plans of great public utility, where private enterprise and exertion would prove to be inefficient. As instances of this the Clergy and the Navy, the former at Marlborough, and the latter at Camberwell, had, with the assistance of their dignitaries, and their eminent and leading men, established schools on plans which would ensure for their boys the best possible education, at the cheapest rate of expense. Whatever might be the details of the forthcoming bill, on the subject of the regulation of the medical profession, the examining Boards would no doubt require a better preliminary education in boys destined for the medical profession than had hitherto generally been the case. It must have been felt how flimsy and superficial had been the scholastic education of many lads offering as apprentices; but could such schools as were now suggested, be established, gentlemen of the medical profession might secure for their own boys, whether designed for their own profession, or for other professions, a *really liberal* education, so as to secure to them, well disciplined, informed, and enlightened minds, at a very moderate charge. Mr. Martin had long felt assured that although professional education had been improved of late years in a very high degree, yet that the importance of the basis, the foundation on which professional attainment was to be established, had not been sufficiently considered and provided for. In fact, the primary education of youth in general was one of the most important which could engage the public attention, and until of late, nothing was so ill understood. Recently, judicious views on the principles of education had begun to prevail, and the effects of this improvement would be obvious in future years, and in the rising generation. With regard to the cost, even in the proprietary schools, where certainly the best plans prevail, the school fees were seldom less than from £16 to £20 a-year, and the Board from £40 to £60; although under the favourable circumstances

suggested, the same, or even superior advantages, might be obtained, at less than half the expense, perhaps for £25 or £30 a-year.

Dr. HARDWICK, of Kensington, seconded the motion, observing that he thought it to be one of the best things ever offered to the profession; and he was not surprised that in so truly benevolent an object, his worthy friend, Mr. Martin, was the originator. By establishing a cheap and efficient education for their sons, the profession would be placed on a much higher ground than at present, both as regarded respectability and stability.

Mr. Nunneley also spoke to the same effect, and that much benefit would be derived to the younger members of the profession, who had children to educate.

Dr. Edwards, of Chester, spoke highly in favour of the proposition, but Dr. Heygate, of Derby, thought the subject was surrounded with difficulty.

After a short reply from Mr. Martin, Dr. Budd, of Bristol, said he did not clearly understand whether the proposed institution was for the education of the youth in the medical profession or in any other.

Dr. Hastings hereupon suggested that a Committee should be appointed, with instructions to report.

Mr. MARTIN acquiesced, and subsequently proposed—

That the following gentlemen do form a Committee, with power to add to their number:—Mr. Martin, of Reigate; Dr. Hardwick, of Kensington; Mr. Nunneley, of Leeds; Dr. Edwards, of Chester; Dr. Heygate, of Derby; Dr. Wm. Budd, of Bristol; Dr. Hodgkin, of London; Mr. Hodgson, of Birmingham; Dr. Forbes, of London; Mr. Daniell, of Newport Pagnel, to consider the best means of establishing a school for the comprehensive and liberal education of the sons of medical men, and to report on the same either to the Council of the Association, or at the next Anniversary.

Dr. FORBES seconded the proposition, and said, in reply to a previous question, that he apprehended the proposed institution was intended to give the sons of the profession an efficient education, in the cheapest manner, but that the pupils should not be restricted to the medical profession. The profession had now arrived at that state in which it could be perceived that it was not chiefly a medical knowledge that was now wanting, but a sound preliminary knowledge of science and literature, tending to enlarge the mind, and to prepare it for profiting by that instruction which they would subsequently receive, and for which many of the present race of the profession had found themselves unprepared, owing to a want of means on the part of their parents.

Mr. Daniell, of Newport Pagnel, and others, coincided warmly in the motion, and after some commendatory observations from the President, it was put and unanimously carried.

The following report was subsequently handed in by this Committee:—

“Assembled on the evening of the same day, at the George Hotel, when there were present—Drs. Forbes, Hodgkin, Kerr, Budd, Hardwick, and Edwards; Messrs. Hodgson, Nunneley, Wallace, and Martin;—having unanimously appointed Dr. Forbes to be the Chairman, and Mr. Martin the Secretary, the Committee proceeded to consider the subject of the establishment of

a school on the principle of co-operation, and feeling well assured of its practicability, resolved each to exert himself in procuring information on the best modes of proceeding, and to communicate the results of their enquiry to the Secretary. The Committee, moreover, beg the Members of the Association in general to bear the subject in mind, and they will be happy to receive information from individual Members thereupon.”

PAPERS, CASES, &c.

MESMERISM.

Mr. NEWNHAM, of Farnham, being called on to read his announced communication on this subject, proceeded to read a very lengthened and highly talented paper on this much disputed question. He said that originally he had been much prejudiced against the supposed science of Magnetism, but after entering into a lengthened and profound research, the result of his inquiries was that he now felt it impossible to oppose the science, and his earnest recommendation was that all whom he addressed would search and examine for themselves. He then entered into a defence of magnetism, exhibiting first of all the manner in which the science had suffered by being confounded with untenable opinions which had been grafted on it, and by the want of clear, well managed, and honest experiments; in lieu of which, curiosity and amusement were often the chief incentives to examination. He contended that Magnetism was not inimical to Scripture truths, notwithstanding he knew that many of the Christian and sober-minded of the profession shrank from the investigation on the score of its fearful tampering with the unseen world. Another disadvantage under which it laboured was the lack of a good English medical treatise on the subject, for well-founded objections were made to every treatise and translation now accessible to the British practitioner; so that the sincere enquirer must go to other countries to know really what was meant by Mesmerism, its uses and applications. The opposition to the science he contended was almost entirely to be traced either to ignorance of its history or misrepresentation of its effects and objects. He then descanted on the history of Magnetism, and contended that it had not originated, as popularly supposed, with Mesmer, but had existed for centuries in the opinions of the wisest and best of men. He attributed the unfavourable report of the first French Commission to a lack of deep inquiry, and further stated that they had not been unanimous in that unfavourable report. The second Commission had reported that the subject was worthy of consideration. Since then the science had spread into many countries and produced thousands of followers and new facts; and it was supported by the humane and charitable, and by undeniable arguments and facts. The science had never yet been met in a fair field; yet nevertheless, in spite of sixty years' opposition, it survived and was thriving. He attributed the opposition the science met with from the medical profession to a peculiar turn of mind and long acquired habits. For instance, they were more in the habit of admitting facts and data which were easily and at once demonstrable than of searching into the *modus operandi* of natural agencies and of reasoning by induction. The opponents of the science had also resorted to ridicule and hard names—against which, by the by, it was generally much more difficult to

contend than with any other species of opposition. All these reasons operated against an effective inquiry into the nature of Magnetism. He then went into a bibliographical history of the traces of the science as recorded in the literature of various countries under various names, whether in the ancient ages, Christian or Pagan times, to the period of revived literature, and up to the present time. He objected to the title of "Mesmerism," and was in favour of "Magnetism," which he defined as a science "useful as employed in the imparting of exuberant life to those who suffer from impaired vitality." He then spoke of the widespread testimony which had been received from various parts of the world, at the hands of unimpeachable witnesses, without possibility of collusion, in favour of magnetism; and he himself had had opportunities of testing more than one instance. He read a list of these high and unimpeachable witnesses, and then went on to urge his hearers to avail themselves of the opportunities which their practice afforded of testing its truth. He had been asked how it was possible, if such an agency existed, that it should be directed by the will; to which he would reply, that as he could not answer why the will directed itself to one leg, or one arm, in particular, he would not undertake to answer the other enquiry; but he would beg to conclude by again urging on the members of the medical profession to search and enquire for themselves.

Dr. Inglis, of Halifax, expressed his concurrence in the views put forth by Mr. Newnham.

Dr. Cowan then rose, and expressed his hope that it would not go forth to the world that the Association had given its sanction to the opinions contained in the paper just read. (Hear, hear.) He had no doubt that Mr. Newnham was honest in his convictions; but he (Dr. Cowan) was compelled to state that after making multitudes of experiments, reading the principal part of the literature bearing on the subject, and making himself familiar with its experimental details, he had come to this firm and decided conclusion—that the more he read and the more he saw of what was called animal Magnetism, the less did he believe in it. (Cheers.) In his individual opinion there was no ground whatever for ranking it among the sciences. (Cheers.) What had been honestly stated might be explained on simple and ordinary principles; but he confessed his belief that ninety-nine out of every one hundred of the reported cases were utterly false. (Hear.) He had seen so much of the question that he would now as soon believe in witchcraft as in animal Magnetism. (Laughter.) He deeply regretted that it had ever been taken up as it had in this country; but instead of blaming the medical profession for their want of belief, he gave them every credit, for they could not be too careful in such speculations, on a matter of so great practical importance, and withal so liable to practical abuse. He repeated that he could as distinctly prove the existence of witchcraft as of animal Magnetism, and that Mr. Newnham's arguments would apply equally to any popular delusion whatever.

Mr. FAIRCLOTH, of Northampton, read a case of puerperal convulsions, which with other communications read at the various meetings of the Association, will be subsequently published in this journal.

Mr. M'EWEEN, of Chester, read a case of excision of the ulna for necrosis.

Mr. DANIELL, of Newport Pagnel, read an interesting case of vaccination overcoming small-pox, and a paper on the same subject by Mr. PITTOCK, of Sellingle, was read by the Secretary.

Mr. DANIELL also read an extraordinary case of gunshot wound, in which the shot had passed from the navel to the back, without inflicting injury.

This concluded the business of the morning, and the Members then separated.

EVENING MEETING.

RETROSPECTIVE ADDRESS ON ANATOMY AND PHYSIOLOGY.

This extended and admirable address was read by Dr. W. Budd, of Bristol; we shall not however make any attempt at abridgment, as it will be duly inserted in the next volume of the Transactions.

At the conclusion of the address, the delivery of which lasted nearly three hours, it was moved by Dr. KERR, of Northampton, and seconded by Dr. HEYGATE, of Derby—

"That the thanks of the meeting be given to Dr. Budd, for his eloquent and able address, and that he be requested to allow the same to be printed in the next volume of the Transactions of the Association."

The paper was spoken of as remarkable for profundity and clearness of thought, and as conferring a high and intellectual treat. The Chairman also bore his testimony to the value of the composition; and the vote of thanks being carried by acclamation, Dr. Budd briefly and modestly replied.

Mr. WICKHAM suggested that the address should be printed and handed to the members earlier than the next publication of the Transactions, as in general the addresses had lost their interest at the late period at which they were circulated amongst the Members.

Dr. SHAW, of Leicester, moved, and Dr. EDWARDS, of Chester, seconded—

"That Dr. Edward Charlton, of Newcastle-upon-Tyne, be requested to deliver the Retrospective Address in Medicine at the Anniversary Meeting for 1845."

Dr. TOOGOOD, of Bridgwater, moved, and Mr. WICKHAM, of Winchester, seconded—

"That Mr. T. P. Teale, of Leeds, be requested to deliver the Retrospective Address on Surgery at the Anniversary Meeting for 1845."

Carried unanimously.

SECOND DAY.

The Members breakfasted at the Angel Hotel this morning; after which they proceeded to the Infirmary and Lunatic Asylum, the Medical Officers of which excellent institutions most courteously received the Association, explained the arrangements, treatment, &c., and gave them every facility for inspecting the various wards.

THE THIRD GENERAL MEETING

took place at the County Hall, at twelve o'clock, Dr. Robertson in the chair.

REPORT OF THE BENEVOLENT COMMITTEE.

This was read by Dr. W. CONOLLY, as follows:—

"The central Committee for the management of

the Benevolent Fund of the Association have the high satisfaction of announcing that the annual subscriptions for the past year have exceeded in amount those of any previous year since its formation; the donations also have exceeded those of any previous year, except the first year the fund was established. The Committee make this announcement with feelings of great gratitude to the donors and subscribers, who have thus enabled them, as will appear from the cases subjoined, to afford relief to a small extent in many cases of the most urgent distress and complete destitution. The Committee are persuaded that if the Members of the Association generally could read the heart-rending appeals that are made to them in the course of every year in behalf of distressed Members of the profession, or of their bereaved families, and also the deep feelings of gratitude with which the smallest assistance is received, they would not be backward in contributing in proportion to their means to so excellent and useful a charity.

"The Committee have to thank, which they do most cordially, all those gentlemen who in their several localities have kindly acted as stewards for the collection of contributions, and have transmitted them to the Treasurer. It would be invidious to mention names, but there is one gentleman to whose great exertions in the cause of this charity the Committee have been every year largely indebted; and who during the past year has not only taken an extra share of trouble in behalf of the fund, but has most generously presented the amount of the expenses he has incurred (amounting to £6. 4s. 3d.) to the fund as a donation. It is scarcely necessary to name Mr. Newnham, of Farnham; his exertions in the cause of this charity have been most energetic and persevering. Neither can the Committee pass over in silence the handsome donation of £50 this year from Mr. Griffiths, of Wrexham, making the fourth donation of different sums with which he has generously presented the charity. Such deeds carry with them their own reward, and will doubtless stimulate others, equally happy in the means of doing so, to follow their example. The Committee are also this year, as usual, indebted to many non-professional contributors, and to several ladies, whose kind exertions in the cause call for their warmest thanks.

By a reference to the Treasurer's accounts it will be seen that thirteen cases have received aid from the charity this year to the amount of one hundred and five pounds. The sums allotted to the different cases no doubt appear small, and at our last anniversary meeting caused some comments; but the Committee would observe that they are obliged to proportion the relief to the amount at their disposal, and also to the number and urgency of the applications. If the Association will enable them by their increased subscriptions they will be but too happy to increase the amount of relief; and it must be remembered that five, ten, or twenty pounds, which to the affluent may appear contemptible sums, are not so to the indigent, the sick, and the distressed. The object of the originators of the Benevolent Fund of the Association was if possible to establish a *general* charity for the medical profession, similar to the clerical fund and that of other professions, and the title for relief from which should consist only in being a regular practi-

tioner, possessing a good moral character, and being in distressed circumstances. They were aware of the existence of many valuable *local* charities of a similar kind; but as most of those are accompanied by certain restrictions, they did not conceive that the fund of the Association would in any way interfere with them.

"The Committee entertain the most sanguine hope, that however slow has hitherto been the progress of this well-intentioned charity, time and the increasing knowledge of its existence and its merits, will procure for it a due share of patronage and support.

"JOHN BARON, M.D., President.

"WILLIAM CONOLLY, M.D.,

"Treasurer and Secretary."

The following is a short account of the cases relieved during the past year:—

1. To the widow and family of a general practitioner in Gloucestershire, to assist in obtaining some education for the children. Recommended by Dr. Baron and Mr. Cooke, of Cheltenham (Second grant) £10
2. To a highly respectable surgeon, returned from the Colonies, where he had lost his ALL, and who with his family were in a state of deep distress. Recommended by Dr. Hastings, and Dr. John Conolly, of Hanwell £10
3. To a physician in Hampshire, with a large family, struggling under great difficulties. Recommended by Dr. John Conolly, of Hanwell, and the Treasurer £10
4. To a general practitioner in London, reduced to extreme distress; formerly practising in the Provinces. Recommended by Dr. Hardwick, of Kensington, and Mr. Hussey, of London . £10
5. To the widow of a medical man, formerly a practitioner in Cheltenham. Recommended by Dr. Baron, and the Treasurer £5
6. To the widow of a medical man in Cheltenham, suddenly cut off by fever a few years since, leaving a family unprovided for. Recommended by Dr. Baron and Mr. Murley, of Cheltenham. (Second grant) £5
7. To the daughter of a medical man in Middlesex, left with only £15 a-year, for her support. Recommended by Mr. Hewlett, of Harrow, and Dr. Hastings £5
8. To a general practitioner, greatly reduced in circumstances from ill health and other causes. Recommended by Mr. Phené, of Ryde . . . £10
9. To a surgeon in Gloucestershire, with a wife and family; reduced to take the benefit of the Insolvent Act. Recommended by Dr. T. Boisragon and the Treasurer £5
10. To a medical man in Warwickshire, in very indigent circumstances, from ill health principally. Recommended by Dr. Blackiston, of Birmingham, and Dr. Hastings £5
11. To the widow of a highly respectable surgeon in Yorkshire, who after practising 45 years, left a widow and son in great distress. Recommended by Mr. Milnthorpe, of Topcliffe, near Thirsk £10

12. To the widow and five young children of a medical man, in the county of Durham, left totally unprovided for. Recommended by Mr. Eddowes, of South Shields £10
13. To a highly respectable surgeon in Suffolk, incapacitated by disease; with a wife and six young children. Recommended by Drs. Durrant, Baird, and Beck, and by Messrs. Bullen, Hammond, and Crosse £10

FINANCIAL STATEMENT.

For the year ending June 30, 1844.

DONATION FUND.

	£.	s.	d.
Balance in hand, July 1, 1843	443	13	1
Donations received from July 1, 1843, } to June 30, 1844, inclusive }	124	5	9
Interest for the year	11	5	6
Total	£579	14	4

SUBSCRIPTION FUND.

	£.	s.	d.
Balance in hand, July 1, 1843	21	3	6
Subscriptions received from July 1, 1843, } to June 30, 1844, inclusive }	186	15	0
	207	18	6

DISBURSEMENTS.

	£.	s.	d.
In aid of 13 distressed applicants.105	0	0	
Stationary	13	0	0
Postage and carriage	7	0	0
Mr. Phené's expenses	2	10	0
Dr. Tyacke's ditto	1	4	10
Mr. Newnham's ditto	6	4	3
Printers' Bill	9	16	0
Balance in hand	£82	3	5

Mr. NEWNHAM, of Farnham, moved—

“ That the report now read be received and adopted, and that the thanks of the Association be given to the Committee for their exertions to increase the funds of this important branch of the Association.”

Mr. Newnham said it was almost unnecessary for him to observe that he had moved this resolution with the greatest cordiality. He was delighted to find that there were some glimpses of prosperity attached to the proceedings of the Committee for the past year. The balance in hand of the donation fund had been considerably augmented; but that was a fund not at present available—it was accumulating for the use of future years. The increase in the subscription fund, it would also be seen, was considerable. This likewise afforded satisfaction; but the meagre insignificance of the available funds was only properly known by those who knew the wretchedness and misery which existed among many of the profession. What relief, he would ask, could be afforded, in the sum of £105, when distributed among thirteen sufferers. (Hear.) The claims made upon the Benevolent Fund during the past year had been numerous and urgent, and the Committee had given away almost as fast as they had received. A few months ago their funds were exhausted, but they had

now again something in hand. At the present moment there were cases of such urgent distress, awaiting relief, that he sincerely hoped the increased subscriptions of the past year were but the dawn of that benevolence which was to become brighter and brighter, until a cloudless sky of charity should appear. (Cheers.) He then adverted to the character of the Benevolent Fund, as being totally different from the various charitable funds, inasmuch as it was a purely benevolent funds, and required no subscription to entitle any one to its relief. Persons who subscribed to these local charities in general fancied that this Association's benevolent fund had no claims upon them; but this was a mistake. The Committee had the same means of making judicious and effective inquiries as to the eligibility of candidates, inasmuch as the subject was invariably referred to the local members of the Council. Those who wished to avail themselves of the certain bounty of local charities might do so; but that was no reason why they should refuse their mite to that general fund which reached members of the profession who were in many cases ineligible for claims upon local funds. The question had been mooted as to whether compulsion should be observed in the formation of a benevolent fund. He at once said no, for that would destroy the very principle of charity. (Hear, hear.) The result of his own exertions, in the district allotted to him during the past year, to give efficiency to the Benevolent Fund, amounted to this—that, out of £28 collected by him, £19 was from his personal friends, and the other £9 was the product of no less than 500 applications he had made to members of the profession. He had therefore been led to conclude that anything like compulsion would cause a recoil, and eventually injure the objects of the fund. (Hear, hear.)

Mr. GRIFFITHS, of Wrexham, seconded the resolution, and while expressing his approbation at exertions made by local societies, strongly urged the propriety of supporting a fund having so catholic an object as that professed by the Committee of this Association, which, while they invited all members of the profession to join them, at the same time displayed their willingness to lessen the misfortunes of their brethren wherever located. He insisted that the Committee had a moral claim upon the profession generally; and while he seconded a vote of thanks to them, he at the same time reminded the Association that the best way of thanking them for past exertions would be by cordially co-operating with them for the future. (Cheers.)

Dr. Conolly having spoken of several urgent instances of distress with which he was acquainted, and Dr. Favell, of Sheffield, having enquired whether the report would be published for the use and consideration of all the Members, which was answered in the affirmative,

Dr. COWAN, who had given notice of a motion for the increase of the annual subscriptions from £1. 1s. to £1. 10s., the surplus to be applied to benevolent purposes, rose and said that he had made enquiries of many members of the Association, as to their opinion of his proposition, and finding them to be generally unfavourable, he had come to the determination of withdrawing his motion, rather than to excite an useless discussion on a point which, if at all mooted, should command an unanimity of opinion. They could not,

however, but feel with him, that with all which had been accomplished by the Association, it had done nothing commensurate with the size of the Association, and the amount of funds at its disposal. He regretted that the result of so influential and numerous a combination was not the accomplishment of a fund adequate to meet in some way the distress which all knew to be existing among the profession. Every one seemed to be fully alive to the importance of the subject, and yet the amount of the subscriptions was very small, he might almost say disgraceful to the Society. (Hear, hear.) He would be very happy to raise the amount of annual subscriptions, with a view to an increase of this fund; and he maintained that such a plan could no more be considered compulsory than in asking any one to join the Association. (Hear.) However, he would rather withdraw the motion than excite a difference of opinion in the Association; he trusted nevertheless, that so large a combination of medical men would not terminate in a bootless effort to secure relief for that wretchedness which they knew to exist among their brethren. (Cheers.)

Dr. Forbes thought this was a question of such importance as not to be allowed to rest on its present position. He therefore suggested that, considering the extent of this Association, and the amount of its funds, it was astonishing and at the same time disgraceful that so little had been done in the way of benevolence. (Cheers.) The yearly income of the Society was about £1800, nearly the whole of which was expended on two publications; but as a balance of £500 was shown in the report, he thought the best thing would be to vote £100 or £200 to the Benevolent Fund. He conceived they were perfectly competent to do so. He understood also that the expense of producing the Society's publications was about to be lessened, and that the saving would meet the proposed grant. If however the entertaining of his proposition were not now in order with the rules, he would give notice of motion for the next anniversary.

Mr. Martin said that in many counties there already existed Medical Benevolent Societies, and that it would be hard upon their Members to call upon them to subscribe towards objects which ought to be provided for in their respective localities.

Dr. Conolly replied that in many counties there were no such local charities, and that where they did exist their regulations were of such a nature as to leave many unfortunate Members of the profession ineligible to avail themselves of such funds, and such persons had in many cases been relieved by this Association. This had been the case in some instances in the West Riding of York, where one of the best regulated Benevolent Societies was in existence; and Dr. Hastings added that at Birmingham had been relieved by this Society an urgent case of distress, to which the funds of the local society were not applicable, inasmuch as the applicant had not been a contributor for a sufficient length of time to entitle him to relief.

Dr. Forbes having been informed by Dr. Hastings that as his motion would involve an alteration of the rules, in the application of funds to an object not originally contemplated, a notice of three months would be required for the discussion, he then gave notice of his intention to propose, at the next Anniversary, that a

sum (not now specified) should be granted from the funds of the Society towards the objects of the benevolent fund. (Cheers.)

RETROSPECTIVE ADDRESS IN MEDICINE.

Dr. COWAN, of Reading, then read his excellent address on this subject, which will duly appear in the next volume of Transactions.

Sir GEORGE LEFEVRE then rose and moved—

“That the thanks of this meeting be given to Dr. Cowan for his excellent and acceptable address, and that he be requested to publish the same in the next volume of the Transactions of the Association.”

In moving this resolution the speaker paid a well-merited compliment to the abilities of the author of the paper. He then went on to state that when he last met the Association, was at Southampton, several years ago; at that time, being an exile from his native home, he was made an Honorary Corresponding Member of the Association; but now, on returning to this country, he would be happy to become an ordinary member. With regard to what had been said in Dr. Cowan's paper on the subject of quackery, he believed that if the profession would be true to itself, the public also would be true to it. (Hear.) Paley had said that “Medicine is God's second cause of health;” and it behoved the profession to be faithful executors of that testament. (Hear.) He submitted that the encouragement which empiricism received was not derived from the lower orders, but from the gentry, and even the nobility. (Hear, hear.) During the fifteen years in which he had filled the situation of physician to the British Embassy at St. Petersburg he had frequently witnessed the arrival of quantities of homœopathic medicines with the usual rules and directions as to treatment. (Laughter.) He concluded by moving the resolution, which was seconded by Mr. NEDHAM, of Leicester.

One or two members here suggested the propriety of hastening the publication of Dr. Cowan's paper, for the perusal of the members; but Dr. Hastings explained that many practical difficulties prevented such a course.

The motion was carried by acclamation, and acknowledged by Dr. Cowan.

THE JOURNAL OF THE ASSOCIATION.

In the absence of Dr. Inglis, of Halifax, Dr. FAVELL, of Sheffield, moved—

“That for the extension of the projects of the Association with respect to their weekly Journal, and to enable them to continue the publication of their annual volume of Transactions, the subscription, instead of being, as at present established, one guinea, be henceforth one guinea and a half; and that a rule to that effect be forthwith enacted.”

Dr. Favell read a letter from Dr. Inglis, explaining his reasons for this motion, the chief of which was that, in order to make the Journal worthy of such an Association, and not second to any other publication of the kind, it was necessary to have increased funds, and that literary contributions also should be solicited. Dr. Favell did not entirely agree with the motion, which he merely put as a matter of form, and thought that the proposed plan would thin the ranks of the Association.

Mr. NEWNHAM, also as a matter of form, seconded the resolution.

Dr. Budd here rose and observed that he had been struck with the truth of a remark made in Dr. Cowan's paper, to the effect that it was desirable to reduce the number of medical publications. He considered that the multiplication of such periodicals was an obstacle to the profession, and quite a task to get through, in the many interruptions of a professional life. He suggested either the withdrawal of the Association's Journal or that it should be published less frequently. There was no need of a journal to an Association which met but yearly. The British Association had no weekly journal, being content with the publication of its Transactions; and the usual rule observed was, that the various Associations accommodated their publications to the periods of their meetings, whether weekly, monthly, or yearly. He was of opinion that, although many valuable contributions appeared in the Journal from time to time, it could not be considered an efficient representative of the Association; and that its withdrawal would be no sacrifice, seeing that there were many channels by which the Association might publish its proceedings. He did not impute any lack of good management to the Journal, but attributed its inferior character to the fact of the peculiarity of its position and the seat of its publication being distant from the metropolis, together with a want of co-operation on the part of the Members. The Journal was said to afford a ready communication for the proceedings of the Council, but this was dearly paid for; and he concluded by recommending to their consideration whether the large outlay on the Journal would not be much better bestowed in the relief of that misery and wretchedness to which allusion had already been made. (Hear, hear.)

Dr. H. Green next rose and said that he also had a subject for their consideration, namely, whether or not he had a fair claim to the paternity of the Journal. Its establishment had cost him much labour and expense, and then the Association had stepped in and appropriated the benefit of his exertions. He had offered the Journal to the Association about fifteen months since, but it was then refused; and he also put it to them whether the Association had any right to call the Journal their property until a general meeting had passed a vote to purchase it.

Dr. Favell was of opinion that the Journal ought not to be withdrawn, but published monthly, and confined exclusively to medical science, the communications to be contributed by the Members of the Association—but not anonymously, for he had a great objection to that course. (Hear.) He concluded by stating that the Association was pledged to supply the Members with the Journal, and that many new Members had joined the Association under that idea. (Hear.)

Dr. Hastings said, that it had become one of their rules to supply the Journal, and therefore no alteration of the rules could be entertained without proper notice for the next anniversary; and in answer to a statement made by a Member, who had been informed that a publication of 32 pages could be produced at but a trifling increase of cost over the present size, Dr. Hastings said that, in such calculation, the stamps could not have been taken into account; and this explanation being acceded to and confirmed

by Mr. Churchill, the publisher, Dr. Hastings went on to say that the Society had been as it were compelled to publish this journal under their own auspices, as the previous publisher had repeatedly raised the price at which it had been afforded to the members, till the price arrived at such a point as, *ex necessitate rei*, obliged the Association to publish one of their own or be deprived altogether of such an organ.

Dr. Green here said that he had had nothing to do with asking for an increased price.

Dr. BUDD now rose and moved as an amendment—

"That a Committee be appointed to take into consideration whether it be expedient for the Association to continue the publication of a weekly medical periodical, and that such Committee be requested to report the result of their inquiry to the next anniversary meeting."

He subsequently nominated the following Committee:—Dr. Budd, Bristol; Dr. Toogood, Bridgewater; Dr. Cowan, Reading; Mr. Soden, Bath; Mr. Estlin, Bristol; Mr. Smith, Southam; Dr. Black, Manchester; Mr. Wickham, Winchester; Mr. Newnham, Farnham; Dr. Favell, Sheffield.

This was seconded by Dr. TOOGOOD.

Dr. Cowan was in favour of the Committee, and thought that an arrangement might be made with some London publication to become their organ; at the same time he by no means reflected on the present Editor of the Journal, but his observations had simply reference to the efficiency of the Journal *per se*.

Dr. Forbes gave his opinion that a regularly good general journal could not be supported, alone and singly, by any Association. If it were expedient that the Association should have an organ of communication from the central head to the whole body of members, it was necessary, he conceived, that such a journal should be one of two things—either an organ confined to the reports of all the Society's affairs, meetings, &c., or, along with that, it should combine the publication of cases, observations, or treatises, by the Members alone. If however their journal attempted to compete with other periodicals as a journal of general information in the science, it must and would fail. (Hear, hear.) On the other hand, if they confined it to the communication of the Members' productions, and the proceedings of the Association, it would be perfectly consistent with propriety. He objected to the generalised feature of the present journal, and also to its containing anonymous matter in the shape of leading articles, &c.

Dr. Streeten here rose and contradicted the imputation as to anonymous matter, observing that it could not be said to be anonymous when the Editor's name appeared on each number, and he was either the author of or responsible for such matter.

Dr. Forbes said he was corrected, but he nevertheless reiterated his previous objection as to the general character of the Journal, and said that it should have been confined to the productions of Members, without admitting the comments of an Editor.

Dr. Toogood said it was a reflection on an Association numbering 1800 members that it could not support a journal. He advised to have it published monthly, if the present shape was found inconvenient.

The amendment was then put and carried.

Mr. Smith, of Southam, having held up his hand

against the amendment, took that opportunity of asserting that the character and claims of the Journal had not been done justice to in that meeting. For his part, he observed a character of truth about the Journal which entitled it to his respect, and which in fact he looked for in vain in other medical publications. (Hear, hear.) It contained the contributions of parties on whom he could confidently rely; whereas the great bulk of such journals, by their mode of conduct, had done more injury to the character of the profession than anything else. He hoped the Association would adhere to the Journal; and if it proved deficient in interest, he hoped the practitioners in hospitals and infirmaries would be induced to send the results of their practice, and not leave the Association to those mercenary literary ruffians who had so much injured the character of the profession. (Great applause.)

After a short discussion, Dr. Hastings took the opportunity of advocating the connection of the Journal with the Association, as being of considerable utility in advancing its prosperity and moral force; and if it had been at all deficient in interest, the fault lay with the Members themselves in neglecting to communicate their cases and practice. He coincided fully and emphatically in what had been said about the low and abusive character of the weekly medical press in many instances; such moral inconsistency—to use the lightest term—detracted largely from the value of such literature; but he bore his testimony to the fact that the *Provincial Medical Journal*, ever since its commencement by Dr. Green, had steered clear of such vice; and not all the shafts of ridicule would detract from its real merit, but rather tend to redoubled exertions in rendering it still more valuable. (Cheers.)

Dr. Streeten, the Editor of the Journal, now rose and observed that as insinuations had been thrown out against its management, he would be happy to resign it into the hands of any other gentleman having the confidence of the Association. ("No, no—No, no.")

Dr. COWAN then rose and said, that so far from reflecting on the Editorial management of Dr. Streeten, he thought the Association would agree with him that a vote of thanks was due to him for the trouble he had taken and the ability he had displayed. He then moved—

"That the thanks of the Association be given to Dr. Streeten for his efficient Editorship of the Journal of the Association."

Dr. BUDD seconded the motion with every expression of cordiality; and the vote was passed with acclamation; which Dr. Streeten duly acknowledged.

PAPERS, CASES, &c.

The following communications were then read:—

A notice by Sir GEORGE LEFEVRE, on the sulphate of iron as an antidote to arsenic.

Some cases of transfusion in cholera, by Mr. D. TORRANCE, of Rugby.

A case of malformation of the bladder and penis, (the patient was exhibited,) by Mr. GILES, of Stourbridge.

Remarks on the effects of hydropathy in some recent instances, by Dr. JONES, of Lutterworth.

Cases in Surgery, by Mr. T. M. GREENHOOD, of Newcastle-on-Tyne:—1, Stone in the bladder, complicated with extensive scrofulous disease, illustrated

by a drawing. 2. Fungus hæmatodes of the eyeball, with cataract: the preparation was exhibited.

MEDICAL REFORM.

The President read the following communication on this subject, which had just been put into his hands:—

"GENERAL MEDICAL PRACTITIONERS' ASSEMBLY."

"Sir,—I am directed by the Committee of the General Medical Practitioners' Assembly, which has met specially this evening, to consider the statement made by Sir James Graham in expounding the provisions of a Medical Reform Bill, to forward to you, at the earliest possible moment, the accompanying resolutions, which have been unanimously adopted by the Committee. I am further requested to state that the Committee would feel obliged if you would embrace the earliest opportunity of making them known to the Provincial Medical and Surgical Association, of which you are the President.

"I am, Sir,

"Your most obedient servant,

"H. HODSON RUGG,

"Honorary Secretary.

"Exeter Hall, August 7, 1844."

"That this Committee has heard with feelings of alarm and regret the provisions of a bill which has just been submitted to the House of Commons by the Right Honourable the Secretary of State for the Home Department, on the subject of Medical Reform.

"That this Committee is decidedly of opinion that the unconditional repeal of the Act of the Apothecaries of 1815 would be productive of the most disastrous results, both to the Medical Profession and the public, inasmuch as it would throw open the practice of medicine to all unqualified persons, without restraint, that being one of the avowed objects of Sir James Graham.

"That under existing circumstances this Committee is of opinion that a Special General Meeting of the General Medical Practitioners' Assembly should be convened for Monday, the 26th of August, at three o'clock in the afternoon, for the purpose of taking into consideration the best course to be adopted in the present threatening crisis of medical affairs."

The President remarked hereupon that he did not exactly know what was the bill alluded to, but he understood that the principle of protection was almost entirely done away with, and that the practice of medicine had been almost thrown open to any adventurer.

The following motions were then submitted and passed, and the meeting separated.

Moved by Mr. SODEN, of Bath, and seconded by Mr. FLOWER, of Chilcompton, "that the thanks of this meeting are due and are hereby given to those gentlemen who have read cases and presented communications at this meeting."

Moved by Dr. FAVELL, of Sheffield, and seconded by Dr. BRANSON, of Sheffield:—"That the Anniversary Meeting for 1845, take place at Sheffield; and that Dr. Corden Thompson be appointed President Elect."

Moved by Mr. TERRY, of Northampton, and se-

conded by Mr. PAGET, of Leicester:—"That the thanks of this meeting be given to the Right Hon. the Earl Spencer, Chairman of the Quarter Sessions, and to the County Magistrates, for the use of the County Hall."

Mr. Terry having taken the chair on Dr. Robertson's leaving it.

Moved by Dr. HASTINGS, of Worcester, and seconded by Mr. NEWNHAM, of Farnham:—"That the thanks are justly due, and that they be given to the worthy President, Dr. Robertson, for his unwearied attention to the duties of his office, during the sittings of the Association at their Anniversary."

NEW MEMBERS.

The following gentlemen were admitted members of the Association, during the days of meeting:—J. G. Lever, Esq., Culworth, near Banbury; John Cornwall, Esq., Ashcott, near Bridgwater; Samuel Crompton, Esq., Manchester; Charles Hayes Higgins, Esq., Taunton; — Nicholson, Esq., Ashbourne; H. Crawford, Esq., Canterbury; Henry Scrase, Esq., Long Buckby; Charles Hoddle Kipling, Esq., Newport Pagnel; Henry Gatty, Esq., Market Harborough; James Paxton, M.D., Rugby; John J. Evans, Esq., St. Neot's; Ebenezer Vorley, Esq., Roade, near Northampton; — Heaton, M.D., East Parade, Leeds; Wm. Paley, M.D., Peterborough; Howell William Owen, Esq., Irthlingborough, near Higham Ferrers; Joseph Noble, M.D., Dunwich Hall, Leicester; Frank Fulliger, Esq., Leicester; — Starling, Esq., Higham Ferrers; — Boodle, Esq., Chilcompton; David Reece Thomas, Esq., Rounds, near Higham Ferrers; T. Hodgkin, M.D., London; Thos. Peter Fernix, Esq., Kimbolton; Edward Welchman, Esq., Southam; Richard Jones, Esq., Brackley; Thos. Fitzpatrick, Esq., Northampton; John Clarke Weldon, Esq., Wanstead; Robt. Rosebrook Morris, Esq., Brixworth, near Northampton; Sir George Lefevre, London; B. Lever, Esq., Blakesley, near Towcester; John James Mason, Esq., Kilsby; J. P. Knott, Esq., Blisworth.

The account of the dinner we are compelled to postpone until next week.

SIR JAMES GRAHAM'S BILL ON MEDICAL REFORM.

The Medical Reform Bill was introduced into the House of Commons by Sir James Graham, on Wednesday last, (August 7th). The necessity for giving a full report of the proceedings of the Anniversary Meeting of the Provincial Medical and Surgical Association, held during the last week at Northampton, precludes us from doing more than offering a mere outline of the measure. The first and principle feature of the bill seems to be the removal of all restrictions upon the practice of medicine as regards the community at large. There is to be no restriction whatsoever in the private practice of medicine; but on the other hand none but those who are recognized by competent authority, none but legally qualified medical practitioners are to be eligible to fill any

public medical or surgical offices, and these are defined to mean those offices in which the charge for medical attendance does not rest with the patient nor any member of his family. All acts and charters imposing restrictions on the practice of physicians and surgeons are to be repealed, and all particular and local privileges to practice, including those now exercised by the London College of Physicians to be abolished. A Council of Health in direct connexion with the Government is proposed to be established in the metropolis, for the proceedings of which the Government is to be more or less responsible. To this Council all matters affecting the public health; questions of contagion; the laws of quarantine, &c., are to be referred. The Council of Health is to hold periodical sittings in the metropolis. The Regius professors of medicine at Oxford, Cambridge, Dublin, Edinburgh, and Glasgow, are to be ex-officio members. One physician and one surgeon are to be chosen respectively by the Colleges of Physicians, and the Colleges of Surgeons, in England, Scotland, and Ireland. And six members are to be appointed by the crown. Of these six members one physician and one surgeon are recommended to be selected from the provinces. These six members, nominated by the Crown, with the ex-officio and the elected members, and the Secretary of State for the time being to compose the Council. Of the number appointed by the Crown, one physician and one surgeon to retire annually, but to be eligible for re-election. (by the profession at large?) Of those elected by the colleges, one physician and one surgeon to retire every three years. The ex-officio members are permanent. An alphabetical register to be kept of all physicians, surgeons, and licentiates in medicine and surgery, and the list to be published annually.

The council of health, on letters testimonial being granted by any of the licensing bodies in the country, who are to retain the power of conferring diplomas, to permit the party to be registered, without further examination. The letters testimonial to be founded on examination by the respective licensing bodies. The degree of licentiate in medicine not to be conferred under the age of 21; that of surgeon under the age of 25; and of physician under the age of 26. None but those duly registered by the Council of Health to be allowed to fill any medical or surgical office in any public hospital, prison, infirmary, dispensary, workhouse, or other public institution in the United Kingdom; or any medical or surgical office in the army or navy, or (with the exception of native surgeons) in the East India Company's service. None but the duly registered to be exempt from serving on juries, or in corporate or public offices, and no medical certificate to be received in any court of law except from persons duly registered. None but registered persons to have the power of recovering by law any charge for attendance, medicine, &c. Such are the principal provisions of the measure introduced by the Home Secretary. We shall refrain from making any remarks upon them until the measure is itself more fully before us, and until sufficient time has been allowed for giving to it that consideration which the importance of the subject demands.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A SKETCH OF THE LATE INFLUENZA AS IT APPEARED IN THE AGRICULTURAL DIS- TRICTS OF CHESHIRE.

By C. R. HALL, Esq., Surgeon, Holmes Chapel,
Cheshire.

The diseases of an agricultural population are usually more acute in their character, more regular in their progress, and less frequently obscured by other concomitant ailments than those of the inhabitants of large towns. Their observation, accordingly, is well calculated to enable us to distinguish what is essential to the existence of any given disease from its mere accidental complications.

In the district of which I write, about Christmas, scarlatina was epidemic, and, as usual, presented itself with every degree of severity. The influenza made its first appearance in January, but in no instance was it known to attack one who had suffered from a severe form of the scarlet fever which preceded it.

After feelings of general debility and mental depression, without any assignable cause, for a variable period, the attack was generally ushered in by shivering, more or less marked. Chilliness, aching of the back and loins, and wandering pains of the limbs, were soon followed by a sense of weight, fullness and tension of the forehead and nostrils, slight soreness of the throat, dyspnoea and cough. Skin rather harsh, and occasionally hot and dry, but not uniformly so, and always perspiring during some part of the day. Tongue flattish, usually tremulous, covered, but not loaded, with thin greyish secretion, and indented by the teeth. Pulse small, irritable, or full and leaping, but without strength, (*i. e.* very easily compressed,) ranging from 80 to 100. Urine limpid and of ordinary quantity, not at first depositing any sediment, but after the lapse of a week or more, throwing down the lithates. The bowels usually acted regularly, but the evacuations were of diminished consistence. Eyes red and watery, but sneezing was less frequent than in a common cold, nor was there usually so much discharge from the nostrils. As the uneasiness in the forehead abated, the cough often increased in violence and frequency, especially during the night, and was attended with considerable oppression and tightness, but not actual pain, of the chest. The cough was spasmodic, sudden, hard, and shaking, sometimes to the extent of producing vertigo. At first there was no expectoration; about the second or third day, transparent mucus in small quantity, becoming more abundant and thicker as the disease subsided, was secreted. On examining the throat, the back of the pharynx, uvula, and tonsils,

were suffused with a pale, red, glassy blush, with purple streaks (small veins) here and there; the uvula elongated, rather tumid and relaxed.

The chest, at the commencement, presented nothing abnormal, sounding clear on percussion, and the respiratory murmur being distinct. When expectoration was established, the mucous rchus was heard principally over the bronchi and their larger ramifications. The sweats occurred chiefly in the night. The slight uneasiness at the chest seldom disappeared under a fortnight, and the patient usually remained debilitated and very susceptible to catarrhal affections for at least a month subsequently; elderly people for a much longer period.

Such were the ordinary symptoms of influenza in its simple form. But complications were frequent, and arose either from some existing irritation being fanned into more acute action by undue exposure, &c.; or, otherwise, from the habitual morbid liability of the patient. Thus, a bilious person had congestion of the liver; one subject to cynanche, greater affection of the throat; whilst one with previously delicate chest always suffered more from bronchial irritation. In none of these local exacerbations of the disease, was there set up acute sthenic inflammation.

In some, in whom there was strong reason to suspect the previous existence of tubercles, the symptoms of influenza merged in those of active pulmonary consumption, and in a few instances led speedily to a fatal result. But there were many cases in which no such suspicion could be entertained, occurring, amongst others, in robust, large chested farmers beyond middle age, who had never been subject to pectoral affections before, in which the symptoms considerably resembled those of phthisis. Thus there existed considerable dyspnoea; respiration high and frequent; expectoration profuse, and muco-purulent, the pus being distinct and in large quantities, and occasionally streaked with blood; mucous and sibilant rchis, and sometimes, when the patient coughed, a sound very like the splashing and gurgling sounds. Pulse rapid, up to 120 or 130; small and feeble; night sweats; considerable emaciation. Urine turbid, diminished in quantity, and throwing down a clay-coloured sediment.

The absence of dulness on percussion, and of other pathognomonic physical signs, of confirmed hectic; the more universal affection of the bronchial membrane than is usual in phthisis; and, more especially, the simultaneous occurrence of so many cases at once, and the effects of remedies, were to be considered against this simulation of phthisis.

Death occurred only where acute phthisis had unequivocally manifested itself; the oldest patient lost

being aged 42. To these remarks there is perhaps one exception; a respectable farmer, aged 75, who had been a free liver, had a severe attack of influenza, for which he was confined to his room a month. From this he recovered, and followed his usual avocations. Six weeks afterwards, after being overheated, he drank freely of porter, and died of apoplexy. The general debility under which he laboured in consequence of the influenza probably predisposed to the attack.

Many cases, however, undoubtedly phthisical, have recovered for a time. Mrs. W., aged 36, suckling her fourth child, had an attack of influenza. After the second week, her sputa became puriform, marked with blood, and contained tuberculous granules; left subclavicular space flattened, dull on percussion, and conveying pectoriloquy. Occasionally, acute pain under the top of the sternum. "Snow falling" pulse, 140. Her mother and two sisters died of consumption. In about seven weeks, the expectoration gradually diminished, and assumed a mucous character; the pulse fell in frequency and acquired strength; the cough disappeared, and for a time the patient was well. From such a result having occurred with more frequency than is usual with phthisis when developed spontaneously, I believe that these cases may be considered rather more amenable to treatment, and permitting of a less decidedly unfavourable prognosis, than those of consumption generally.

The treatment of the disease was generally directed to relieve the chest, and was that of sub-acute bronchitis. Venesection was very rarely necessary, and leeches over the sternum were applied only when the existence of actual pain pointed out the propriety of local depletion. The feeling of weight and constriction at the chest, as well as the dyspnoea, were much more benefited by a large blister, or in the aged, at a later stage of the affection, by the repeated use of sinapisms, or of turpentine and camphor under a hot poultice.

Notwithstanding the perspiring state of the skin and the compressible pulse, conditions considered by some to indicate that antimony will be of no service, tartar-emetic was found the best sedative that could be given. In combination with an alkali, and small doses of morphine or tincture of henbane, without being given to the extent of exciting nausea, it allayed the cough and thoracic uneasiness, and promoted expectoration. This, with mucilaginous drinks, farinaceous food, and confinement to one room of well-regulated temperature, constituted the ordinary treatment until the uneasiness of the chest was removed, and the sputa were brought up with perfect ease. The pulse was not a correct guide, remaining frequent, or increasing in frequency, when it was no longer desirable to continue the antimonial treatment. Calumba, with bi-carbonate of potash, squills and henbane; then quinine and more generous diet, were substituted.

Notwithstanding the prostration of strength which is so strikingly present throughout the entire progress of influenza, it was found injurious to give tonics early, and even dangerous to check expectoration suddenly, as by port wine or mineral tonics.

In elderly persons where profuse puriform expectoration was set up, with great dyspnoea and general mucous r^honchus, and with scanty secretion of muddy urine, it

was considered that the danger to be apprehended was from effusion into the lung.

In these cases, diuretics, repeated blisters to the chest, and avoidance of all strong purgatives, were the means found most useful. The old fashioned and unchemical, but efficacious compound, of calomel, squills, digitalis, and soap, and small doses of wine of the colchicum seeds, with spirit of nitre and acetate of ammonia, and weak gin imperial as a drink, proved of service.

Diaphoretics, unless the antimony be considered such, were not exhibited, as the sweats which accompanied the disease, like those of acute rheumatism, appeared to add to the debility without affording any relief.

When the pain of the forehead was distressing, a few leeches to the temples were of more service than blisters in allaying it.

In cases of real phthisis with influenza, the gentle antimonial treatment, together with counter-irritation by means of tartar-emetic, on the surface of the chest, so long as any thoracic uneasiness remained, was found the most efficacious. Rigid abstinence from all stimulants was an essential adjuvant. In these phthisical cases the temperature of the surface was an important guide in forming a prognosis. So long as the skin remained cool, notwithstanding the pulse might be 130 or 140, and the sputa unequivocally characteristic, the prognosis was moderately favourable. In every instance such cases have, for the time, got well. Where permanent heat (a *pungent* heat) of the skin, tremulousness, and great frequency of pulse co-existed, though the cough and expectoration were not extreme, death always ensued in a short time, and no remedy appeared even to check the progress of the disease.

It very commonly happened that at some period of the course of influenza, the liver became disordered, being pained by gentle pressure, and causing its usual sympathetic derangements; among which, irregularity and intermittance of pulse were not unfrequent. If nausea existed, an emetic was used with advantage, with a mild mercurial every night for the requisite length of time.

In a few instances, where the affection of the throat seriously implicated the larynx, an antimonial emetic, followed by calomel and opium, and a blister over the top of the chest, removed the croupy sound of the inspirations, and the disease afterwards ran its usual course.

Convalescence was usually tedious and prolonged, and often rendered more so by relapses, or rather returns of imperfectly subdued local inflammations, and, very generally, by the patient persisting in the use of restorative measures, overlooking in the mean time some existing hepatic derangement.

After the subsidence of all other disagreeable symptoms, a harassing spasmodic cough often remained, worst at night, and entirely preventing sleep. This was almost always found mainly to depend on a relaxed and congested state of the uvula and fauces, and was remedied by pencilling the throat freely with a strong solution of nitrate of silver. Earlier in the complaint, a gargle of nitrate of silver was also sometimes of service.

In the influenza of 1832, as it appeared at Paris and in America, considerable cerebral affection, gastric

disturbance, and swelling of the eyelids with conjunctival inflammation, were noticed. In the cases I have witnessed of the present epidemic, the brain has not been affected, except secondarily, where phthisis or bronchitis of a severe form had supervened; nor have the stomach and bowels been very seriously implicated. Loss of appetite, thirst, and squeamishness, were indeed generally present, but unless the liver was disordered there was no abdominal tenderness, constipation, or diarrhoea. Inflammation of serous membranes occurred during the existence of influenza, but not more frequently perhaps than is usual at this season (spring), when no epidemic exists. Patients recovering from pleurisy or peritonitis would be attacked with influenza; or, on the other hand, during convalescence from influenza, pleurisy, or peritonitis, would occur. But these attacks were generally attributable to some predisposition, or more frequently, to want of proper care, and evidently formed no essential part of the prevailing epidemic.

The weather did not appear to exert much influence on the epidemic, many of the most severe cases occurring during the mild open weather of December and the beginning of January, southerly winds prevailing. The later cases, occurring in April, May, and June, were certainly the mildest.

PNEUMONIA IN CHILDREN.

About the middle of March, acute inflammation of the lungs in children suddenly became exceedingly common. From not having a single case under treatment, in four days thirteen children were attacked almost simultaneously. Of these, all were under five, most under two years of age. In two instances, three children in one family were ill together; in several others, two at once. The distance at which the little patients resided from each other precluded the idea of the disease having any common local origin; whilst the suddenness of its invasion on all constitutions alike,—attacking indiscriminately the strong and well-fed, and the weak and puny, the weather meanwhile being mild and warm in the day-time, frosty during the night,—seemed to entitle the affection to be considered as an epidemic. The first cases were not seen until the structure of the lungs had become extensively inflamed, but by the disease occurring in a second child, during attendance upon the first, opportunity was given for observing its progress from the very commencement.

Fretfulness, restlessness, eagerness for the breast, and unusual quickness of breathing, commonly first attracted attention. The tongue was coated and hot; palms of the hands hot and dry; pulse frequent; countenance sometimes flushed, more commonly pale. Short dry cough. Respiratory murmur distinct at first, dry, (*whiffling*) changing its character as the disease proceeded. The forehead was often damp with perspiration.

In twenty-four hours, or earlier, secretion took place from the bronchial membrane. The breathing was now audibly wheezing; respiration becoming more frequent and laborious; countenance anxious, *alæ nasi* playing, and mouth slightly open. Cough almost incessant, occasionally giving rise to retching. Different varieties of mucous rônchus, and distinct crepitation below the shoulder blades, were generally easy to be distinguished. As the disease advanced, the blue areolæ beneath the eyes, and about the lips and

alæ nasi, the clammy moisture of the head and brow, and coolness of the legs, evinced the impeded state of the circulation. Wheezing respiration generally commenced on the second day; pneumonia, as marked by distinct crepitation, on the third.

If seen at the outset, the repetition of a few doses of an antimonial emetic mixture, together with warm baths, was sufficient to cut short the affection. The same method, with the addition of leeches and afterwards of blisters, was successful after the mucous râles had become established in the chest. But where there was crepitation, this treatment seemed to allow the disease to proceed unchecked to its fatal termination. Only two fatal cases occurred: of these, the first was treated without mercury; the second was not seen until the patient was dying. In many cases pneumonia was established when the child was first visited. The following was the treatment employed. A leech, or several leeches, according to the age and strength of the child, and afterwards a large blister to cover the sternum for three, four, six, or eight hours, according to circumstances. If the surface generally was cool, which often occurred, though the skin over the chest was hot, the child was first put into a warm bath for a few minutes. Two grains of calomel were then given immediately, and a grain repeated every hour, a little sweetened aniseed-water being put into the mouth after each powder. If the age exceeded two years, two grains of calomel were given every hour. An antimonial mixture was also conjoined, but after some experience discontinued. It was found to produce retching and exhaustion, without appearing to exert any particularly beneficial influence on the disease. The limit to the employment of calomel in this way was the effect upon the breathing. As soon as the respiration became easier, the bronchial secretion looser, the wheezing softer, and the anxiety of countenance less, all medicine was for a time discontinued. Until this commencement of improvement took place, the calomel was persisted in, a period varying from one to three days being required; usually about 36 hours. After ceasing to administer the drug, the mercury already given continued to exert its action on the system, producing an amelioration in the dyspnoea, but at the same time extreme frequency of pulse, paleness of surface, moisture of skin, and a moist mucous tongue. The state of exhaustion required careful management; it was usually suffered to continue for some hours, and then stimulants were given only with the utmost caution, the hot flushed cheek and quickened breathing being excited by the slightest over-stimulation. Diarrhoea was sometimes, though not usually, excessive, but it easily gave way to chalk and opium.

Thin arrowroot gruel, containing a small quantity of sherry, was sometimes given, but it was generally more convenient to administer the stimulant desired, in the shape of medicine. Nurses and mothers are never to be trusted when "nourishment" is allowed. Spirit of nitre, in a weak sweetened solution of carbonate of soda, was the mixture ordinarily employed, and was given at short intervals for two or three days, until the breathing had become free, and the cough disappeared.

In the rare examples in which mercury affects the gums in children to any extent, the effect is usually the disagreeable one of sloughing phagedæna. But there

are certain evidences of its having affected the system in infants, scarcely less useful to be known than the more familiar state of ptialism in the adult. The occurrence of spinach-like stools commences early, and is no criterion. A peculiar pallor of the face, a rise in the frequency of the pulse, and a grey mucous secretion on the tongue, are the usual effects of calomel, on children. A slight vesicular eruption about the corners of the mouth, with or without mother-of-pearl-like patches on the mucous lining of the lips and gums, is an unerring proof, so far as the writer's experience has taught him, that the system is mercurialized. But the only guide in practice is the amendment of the diseases for which the remedy is given. This once ascertained, beyond doubt, the improvement will proceed, and the further employment of mercury, being unnecessary, is an evil.

When the pneumonic inflammation had already existed *too long*, this mercurial treatment did not prevent more or less hepatization from taking place, though all acute inflammatory action was subdued. In these exceptional cases, the small frequent pulse and dyspnoea continued much longer, emaciation ensued, and relapses were more frequent. When increased heat of skin over the chest, greater dryness of the respiratory sound and of the cough, and quickened breathing, threatened a return of inflammatory action, mercury was not given a second time. It was then found sufficient to apply a leech or two, and exhibit small doses of antimonial and ipecacuanha wines, combined with soda, and after the skin had become cooler, and free secretion commenced from the bronchial membrane, decoction of senega.

It is remarkable that, allowing for the greater vigilance of the parents prompting them to seek assistance earlier; still of the cases occurring towards the end of the prevalence of the epidemic, scarcely any presented symptoms of pneumonia, but merely those of mild bronchitis. There was no apparent change of weather sufficient to account for this.

Holmes Chapel, Cheshire, July 25, 1844.

STORY OF A GRAIN OF SAND TO ILLUSTRATE THE STUDY OF PRACTICAL PATHOLOGY.*

By T. W. KING, Esq., F.R.C.S.E., London.

MEDICAL ESSENTIALS—COURSE OF SAND SHUT UP—HOW MUCH DEPENDS ON THE BODILY HEALTH—ADDITIONAL ILLUSTRATIONS—USE OF PREPARATIONS.

The present state and progress of the profession affords occasion and great excuse, if any be necessary, for magnifying a trifle, or offering an exposition of an ordinary process.

I deem the essentials of the profession to be physiological reflection, with bed-side and dead-house knowledge; but do we not find that the tendency of examinations is more and more to sacrifice these things for the sake of a great mixed mass of comparatively inapplicable matter? A lecturer of the usual share of

ability (one of a hundred), aiming to gain credit and practice, does what he may to become a compendium. The author of a huge compendium, or rather the writers of near a dozen compendious compilations, may provide what is required by the London University. The dexterous grinder—a genius in his art—comprises the indispensables of examinations, as it were, in a single speaking *vade-mecum*. And whilst law and deference must say to a young man, attend your lectures and pass your examinations, the consequence is, that the higher he aims the more he crowds his memory, and the more exclusively his time is given to the least needful parts of sound medical knowledge. The ordinary term of medical study is thus, in the main, absolutely wasted.

The most practical examination I know of is that of the college of Surgeons, but against its apparent disposition to set up an abstract, and—for the object intended—an useless comparative anatomy, I venture to express a settled opinion. I hold, indeed, that Hunter himself greatly neglected his profession in seeking a different glory in the bowels of worms and in the habits of insects, or else he might have done still more that was just, and less that was erroneous, in surgery.

Common sense says, shun the physician who seems to dabble in extraneous things; and it is dangerous with the utmost art, to mingle even chemistry or the microscope with strictly professional aims, although one in London may gain much under the sole patronage of the stethoscope or bougie.

I would now ask, hoping that brevity may be some apology for dogmatism, whether such a mode of considering things as the subjoined, applied to each organ of the body, be not a more healthful and hopeful course for a young practitioner than learning by heart an encyclopædia of chemistry, botany, or anatomy? The following is a description from the Catalogue of Gay's Museum:—

"A grain of sand from beneath the cutis of the ball of the thumb, where it was partially secluded for near a year, without irritation. After a severe graze, the wounds were left to dry and heal. Some gravel having been first washed away, scanty healthy suppuration brought out two or three large grains. The above seems to have been shut up by adhesion, but there remained a puncture, which gradually filled with a column of dead cuticle, the drawing out of which several times did not expose or render accessible the foreign body. Yet it was supposed that nothing but an incomplete closing in of a deep cell would account for the persistence of the little dry sinus.

"It was determined, therefore, to leave the accumulating scales to enlarge (as a tent) the sinus, with the hope of making an outlet for the sequestrum. This in effect took place. A mass near six times as large as the grain was ultimately formed, and the grain picked out with it.

"The first named columns of dead cuticle took three or four weeks to form; the last mass accumulated in about ten weeks. In the middle of this last period there was a little local tenderness for a day or two, and about the grain was found a little crusty matter, rather resembling dried pus.

"Within a week after the removal of the foreign body, the cutis was quite even and clear."

* The following appeared to me a legitimate mode of extending the views I have advocated on humoralism and irritation. See former papers in this Journal. Also several series on asthma and irritation, in the Medical Gazette, and urinary stricture, in the Lancet.

It would, I think, be easy to connect with the above still more common and interesting processes; but may it not, alone, without disparagement, be contrasted, as to medical usefulness, with the hundreds of lessons such as the chemistry of gold, the botany of sea-weed, or the anatomy of Portuguese men-of-war; and should I not add the *bare* narration of cases? For those who may distrust the simple view stated, I may add something in the way of corroboration. When an ear-ring is removed, the cuticular canal accumulates *débris*, and so do the little umbilical recesses.

The uncut incurved nail penetrates the hand and acquires a canal lined with skin. The deformed tusks of animals do the like, and in how many various ways do foreign bodies thus naturalise. I have seen an inch of the tooth of a comb long imbedded in the face, needlessly cut down upon, but harder to draw out than a tooth. Old false canals are seen in the urethra lined by fair membrane, (hence various bridles and reticulations,) and even the transpierced prostate. A mere bruise may give rise to fatal disease, whilst a large abscess, with carious vertebrae, may dry up and fossilize. Two winters of threatening phthisis may precede the fatal attack or the permanent cure. Ten yearly attacks of gout usher in the last. A rheumatic fever may never return. But these things appertain to the knowledge of the effects of diathesis from day to day and from year to year, which, with the dependance of diathesis on remedies and outward things, comprises the whole science of medicine.

In the museum of St. George's Hospital, I saw, by the favour of an accomplished morbid anatomist, Mr. P. G. Hewett, an example of receded or cured abscess of the scrotum. A cell, the size of a walnut, full of cretaceous matter, with thin indurated and earthy walls, had been hanging loose, subject to motion and violence for many years, and occasionally threatened with active inflammation, yet did the constitution so readily regain a healthy balance after repeated disturbances, as to preclude progressive disorganization, even with what should seem the greatest local provocations. I do not, however, assert that the original was not a dead hydatid in this case.

An hydatid in Guy's Museum has a singular history. A young man was treated for hydrocele, and then for hæmatocele, and finally for active scrotal inflammation, and it was said that the tunica vaginalis reflexa sloughed away. The specimen is preserved as a simple hydatid, of the size of an orange, which had been some time shut up dead and contracted.

I have been a good deal surprised formerly in dissecting the leg of a horse, to find a very considerable number of thorns scattered and long encysted beneath the skin. At present, however, I feel more disposed to express astonishment at the tardiness on the part of most surgeons, to acknowledge the actual state of constitution as the only subject of importance in considering such irritations.

Cheselden, in his plates of the bones, has strongly depicted the circumstance of a foreign body becoming safely impacted, after giving rise to great disorganization. The point of a large knife is seen in the condyle of the femur, which, having induced inflammation, destruction, and ankylosis, yet became shut up and harmless when the disordered diathesis passed away. Do not the multiplicity of such facts point out the

truth that there is a time, little heeded, but all-important to discover, when surgical interference becomes most safe, and when the power of resisting mischiefs is at its acme. The question of the absorption of *pus* is by no means the same as that of the drying up of an abscess or empyema.

The filtering away of fluids from the cess-pool of the colon into the blood is reasonably to be compared to the drying up of a cell of liquid corruption, and may serve to render the latter less doubtful and wonderful. In a long walk the fluid of a diarrhoea may be disposed of by absorption, unexpectedly.

CASE. — Golding, a lad aged 14, had, June, 1844, a great and deforming fluid tumour in the site of the liver; his health was increasingly delicate.

January, 1835. The sac burst into the peritoneum; the collapse and fever gradually subsided, and he grew quite strong.

July, 1839. Symptoms of decline became urgent, and the side more full; he suddenly coughed up a quantity of pus. There were variable signs of abscess hectic and decline to the end of the year. He also appeared to have vomited matter several times.

He gradually regained all the vigour of youth, and now (1844) continues in good health. The main objects of the treatment throughout his difficulties, under my own directions, were to sustain and comfort, and to avoid the least disturbing causes in the way of temperature, diet, and the like.

Dr. Bright recorded the first part of this case in the *Guy's Hospital Reports*, No. 5, p. 472. *I have not thought it necessary to give my own notes in detail.*

A strong advocate for the microscope, formerly a justly eminent teacher of anatomy, describes the variety of specimens in established museums as being "in every sense hermetically sealed;" but it would be hardly just to suppose such an one incapable of reading new and daily lessons in our great collections, though the import of his words, however fitted to excite a smile, could not admit a favourable construction. For my own part, even coarse pathological specimens well preserved, seem still among the most profitable subjects of professional study.

After years more or less devoted "*rerum cognoscere causas*" among the processes of health and disease, with no great respect for the brightest empirical practitioners, I count it my highest medical advantage to have learned in part to scan a well ordered series of morbid specimens, to trace the steps of disease, perhaps to compare dry bones that are a thousand miles apart. If an exostosis may waste away; if hydatids are oftenest found cured; if a needle be found harmlessly travelling through a man's liver; is the fact obscured in a bottle of clear spirit?

Is it not by a host of such facts and processes stored in the mind, unmixed with old bookish errors, that we may hope to be proof against the daily new and groundless statements that abound in perhaps nine books out of ten? Can a physician know truth from lies without the former talismanic experience? Water takes up many things; but to dissolve gold, and to form amalgams, some purity of material is essential. This may explain something of our ephemeral literature; and why sound men like Hunter better than compilations; and, again, why many others cannot discern truth by books.

CASE OF RECENT VACCINATION OVERCOMING SMALL-POX.

By E. DANIELL, Esq., Surgeon, Newport Pagnell.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7th, 1844.)

I was directed by the overseer of the parish of Sherington, on the 10th of April, 1830, to visit a pauper then residing at Emberton, who was said to be suffering from small pox. She was a young woman about 18 years of age, of spare habit, but generally healthy. It appeared that her object in being away from her own parish was to attend upon an aunt, who was very ill of small pox. As the aunt belonged to the parish of Emberton, she was attended by Mr. Aspray, of Olney, a gentleman who has since resided in Northampton, and who in all probability is present at this meeting. When I saw the patient she was suffering severely from the pyrexial symptoms attendant on small-pox, and her whole body was covered with elevations—not the point of a pin could be inserted between them—and the impression upon my mind was that she would have one of the most formidable attacks of the disease I had ever witnessed.

Whatever traces of beauty she might possess appeared on the eve of being sacrificed to the merciless ravages of one of the direst enemies female loveliness ever encountered.

On the 12th I saw her again; the fever was not so high, but the appearance of the pustules, or rather the incipient promise of pustules, excited my astonishment, for they had made no sort of progress towards maturity. Of course I had, under these circumstances, a very unfavourable impression of the case.

On the 14th I again visited her; the exanthematous elevations nearly gone; still no unfavourable symptoms; on the contrary, fever is abated; headache much less; pupils normal; pulse regular, although somewhat rapid; bowels free, without tenderness or tension over the abdomen. The case puzzled me exceedingly, and I began to fancy that I must have been mistaken in the character of the disorder, although I could find nothing in the whole range of the exanthemata which bore an analogous appearance. I was, however, roused from this state of uncertainty and put upon a new scent, by the poor woman in the next room, who called out, "Has she showed you her arms?" "Her arms," I replied, "what about her arms?" "Oh!" she said, "when Mr. Aspray was visiting me, he asked her if she had had the cow-pox, and as she said no, she believed not, he very kindly cut her for it."

Here was a remarkable instance of a mild disease overcoming what might, nay, would, I verily believe, have assumed a most malignant form. Upon each arm were two very fine vaccine pustules, which ran on without interruption to their full maturity, killing, as it were, by their simple energy the great Goliath which had usurped the system. I forwarded to the Vaccine Institution a memorandum of the case at the time, but as I am not in the habit of seeing any of their publications, I do not know whether any notice was taken of it. It suggested to my mind, what I believe has been thought of, and recommended before, namely, that the vaccine virus might be employed as a remedial agent in cases of small pox, when that disease had positively entered the system. I know not whether it

would arrest its progress if inserted when the incipient pustules have shown themselves, but it is clear in this case, that, when entering a body at the same period, a salutary influence will be produced, and I am inclined to think, under every circumstance, it ought to be tried, as it is an experiment wherein no danger can be incurred, and where good may possibly be produced.

I visited her again on the 16th, when she was quite convalescent; and I did not think it needful to see her any more.

NEWCASTLE-ON-TYNE INFIRMARY.

Practice of Sir JOHN FIFE, Reported by Mr. F. A. GIBB.

LITHOTOMY.—NEW MODE OF OPERATING.

William Bolton, aged 5, Cumberland, admitted July 25th, 1844, under the care of Sir John Fife, with calculus vesicæ, accompanied by the usual symptoms; he also passes his fæces and urine together. Rectum becomes prolapsed when he strains much; enjoys good health, although he does not gather fat like other healthy young boys. When six months old, was affected in some manner, which altered his appearance. At the end of twelve months his mother began to suspect that something was wrong with his water, and from that time he has been more or less troubled with symptoms of stone; occasionally, however, these would be quite absent for six months together, especially once after taking a decoction of pellitory.

On the 28th a sound was attempted to be passed, the lad had to be held down, for his efforts to resist were most violent. He appears to be excessively irritable. A small sound was passed down the urethra with difficulty, in consequence of the dreadful spasms. Sir J. Fife did not get it into the bladder, but he felt very distinctly a calculus at the end of the instrument. The perineum is large and very well formed.

29th. Half-an-ounce of castor oil at bed-time, and a common enema in the morning. Fifteen drops of tincture of opium half an hour before the operation.

30th. Ten a.m., was brought into the operation room and properly secured.

Operation. A new mode of performing lithotomy. Sir J. F., on the morning of the operation, after passing the usual grooved staff, made his first incision after the method of Dupuytren, from ischium to ischium, arching over the anus, the convex side of the centre of the incision passing close under the back of the urethra, he soon reached the staff, and then passed his knife into the bladder, according to Liston's plan, dividing only a small portion of the prostate. Uncommon difficulty was experienced in grasping the calculi, the larger one being of an oblong form, and pendulous from the fundus of the bladder, to the lining membrane of which it was firmly attached. The smaller calculus rolled towards the neck of the bladder and often eluded the forceps, but was eventually caught and extracted.

An elastic gum tube was introduced through the wound into the bladder by Sir J. Fife, according to his usual practice. The patient is already convalescent.

Sir John Fife's reasons for departing from the ordinary mode of operating are, first, to avoid the artery of the bulb; second, to protect the rectum by the more satisfactory interposition of the left forefinger; thirdly,

to open the urethra further back, and close to the anterior edge of the prostate; then again, he prefers Liston's mode of opening the bladder to that of Dupuytren's, alleging that it is more satisfactory to a surgeon to dissect his way by recognizing each fibre he divides, than to assist himself by any mechanical contrivance like the bistourée cachée, besides the objection to a double incision into the prostate, when a single one, half through, may suffice.

Sir J. F. considers this new mode of operating more adapted to adults than children, but promises to give to the journal the results of further trials. Certainly in this instance the loss of blood was very trifling, and not even an oozing was perceptible after the operation.

31st. Doing well; slept most of the night; has a little pain in the abdomen, but nothing to make him complain of; urine passes through the tube; has pain in the glans occasionally.

August 1st. Doing well; no more pain in the bowels which have not been open since the operation; rests well; tube loosened and left to find its way out. A purgative draught immediately.

August 2nd. Bowels moved well; no pain nor uneasiness; wishes to go home; tube come away, and urine flows freely by the wound.

3rd. Doing well; bowels not open; no pain in the abdomen or glans; rests well.

4th. Wound looks very well. A purgative draught immediately.

5th. Going on very well. Goes out on Thursday.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, AUGUST 21, 1844.

In commenting upon the proceedings of the late anniversary of the Provincial Medical and Surgical Association, it is scarcely necessary to do more than refer to the account of the meeting given in our last number. The Report of the Council is sufficiently explicit in regard to the general condition and prospects of the Association, and indicates the progress made in various questions to which the attention of the Members has been directed. The state of suspense in which two of these subjects were at the period of holding the meeting—we allude to the reform of our Medical Institutions, and the provision of medical relief for the sick poor—precluded their further consideration on this occasion. The Benevolent Fund, on which a motion was submitted by Dr. Cowan, retains its former character of a purely voluntary contribution on the part of individual Members towards the necessities of their suffering brethren; and it remains therefore for those who take an interest in this truly excellent department of the proceedings to redouble their exertions, and to increase the efficiency of the fund by every means in their power.

There is however one subject which occupied a

portion of the attention of the Association, on which it may be desirable to offer a very few words, both on account of its intrinsic claims to consideration, and because, while it possesses more or less interest for all the Members, it is probably new to those who were not present at the meeting.

The proposition made by Mr. Martin, of Reigate, for the establishment of Schools of preliminary education for the sons of medical practitioners, so cordially entertained by the Members present at Northampton, is one of vast importance, and if carried out in the same spirit in which it has been conceived by its truly benevolent proposer, cannot fail to be productive of much and genuine good. The Members of the medical profession, like the clergy, have only a life interest in the incomes arising from their exertions, and, like the working portion of that order, that is, the most meritorious and the most effective part of it, they lead, for the most part, a life of laborious exertion in the behalf of the public, with a very inadequate amount of remuneration. Any measure, therefore, which is calculated to relieve them in the education of those who look up to them for support, and upon whose fitness for the future business of life much of the comfort and welfare, not only of themselves, but of their relatives, must depend, is deserving of consideration.

Mr. Martin's proposal is to establish schools on the model of, or similar to, those already connected with the Church and with the Navy. The education which may in this manner be attained for the sons of medical men will be sound, and of a character calculated to fit them hereafter for future studies, whether in the medical or other professions, and will at the same time be provided at a comparatively small cost, or under any circumstances, at considerably less expense than an equally good and efficient education can now be obtained for.

No laboured argument is necessary to establish the advantages of the plan proposed; they are self-evident, and will be at once felt by all who are in circumstances, or likely to be so, to require them. The practicability of such a measure has also been proved by the similar institutions already founded. We shall content ourselves therefore with the preceding brief notice, and with recommending to the perusal of our readers that part of the proceedings of the meeting which especially refers to the subject.

On Dysmenorrhœa and other Uterine Affections in connection with Derangement of the Assimilating Functions. By EDWARD RIGBY, M.D., Fellow of the Royal College of Physicians; Physician to the General Lying-in-Hospital; Lecturer on Midwifery, &c., at St. Bartholomew's Hospital; &c. &c. London: 1844. 12mo., pp. 140. 2 plates.

The views which Dr. Rigby puts forth in this little work are deserving of consideration, both on account of

the intractable nature of many cases of this affection, and the amount of constitutional and periodical suffering which those who are the subjects of it have to undergo. The author endeavours to show that dysmenorrhœa is connected with appreciable derangement of the functions of nutrition and assimilation, and is so commonly accompanied by rheumatic or gouty symptoms as to lead to the idea that it is in itself one of the long catalogues of gouty affections, or, as he terms it, for want of a better designation, "uterine rheumatic gout."

The first part of the treatise is intended as introductory to the announcement of these views, and gives a concise summary of certain deranged states of the assimilative functions, and their influence in various organs. These observations chiefly refer to the formation of albumen, and on this point it is remarked that "where more of the albuminous or gelatinous principles have been supplied than the wants of the system demand, or when from some defective action in the process of secondary assimilation, of the nature of which we still know but little, these principles are not duly appropriated, they are returned by the circulation, and thrown off by the various excretories of the body, either but little changed, as in the form of serum, or assuming a very different arrangement of their component parts." Dr. Rigby then proceeds to state that the kidneys, the skin, and the mucous membranes are the excretories for the albuminous and gelatinous principles, "when either mal-assimilated, or (from being in excess) unappropriated by the process of secondary assimilation," and turning his attention to the mucous membranes and their condition in gouty and rheumatic constitutions, compares the symptoms of rheumatic or gouty disease as it effects these membranes in different parts of the body.

Among these are, venous congestion of the membrane; an increase in the quantity of the mucous secretion, with an alteration in its nature from ordinary mucus, to an albuminous transparent "highly glabrous" character; and the generation or secretion of gas. These effects are observed in gouty habits in the intestinal mucous membrane, in the bronchial membrane, and also in the inner coat of the bladder. With respect to the generation of gas, "I have great reason to think," says Dr. Rigby, "that the bladder is also capable of secreting or evolving gas under certain circumstances, having seen a numerous succession of bubbles discharged from the catheter, in drawing off the last portions of urine from a corpulent patient who loved ease and good living." Now these severe effects, even to the evolution of gas, are, according to Dr. Rigby, the principal characteristics of dysmenorrhœa. It has, moreover, been long known that certain cases of this affection derive much benefit from guaiacum after they have resisted the measures usually had recourse to, and he draws the inference therefore that the dysmenorrhœa, attended with turgescence of the uterine organs, with albuminous and gelatinous secretions, and with the occasional evolution of gas, is of a rheumatic-gouty character, and is to be treated on principles which correspond with this view.

"Rheumatic gouty affection of the uterus, as of other parts of the body," it is observed, "implies a certain series of local phenomena or symptoms, pre-

ceded or attended by a corresponding state of the general system; they are chiefly of a congestive or inflammatory character, or at least in some degree resembling the phenomena of inflammation, being attended with local vascular excitement, of a more or less acute nature, with the chief features of inflammation, viz., heat, swelling, redness, and pain; or of a chronic form with much venous engorgement, swelling, induration, and ultimately alteration of structure. The acute form is usually seen in connection with dysmenorrhœal attacks, or with the uterine excitement, which is generally observed in such cases at the half-way time between the menstrual periods. The other is mostly attended by chronic leucorrhœal discharge, and chronic or subacute inflammation of the cervix uteri, followed by induration and organic disease."

These views are illustrated by the selection of a small number of cases in which the principal features of the uterine affection are sufficiently characterized, and the effect of treatment shown. The treatment is, of course, based upon the peculiar notions entertained by the author, and consists mainly in the regulation of the digestive organs; the occasional application of leeches to the anus, and the use of saline and alkaline remedies, followed by guaiacum, the iodide of potassium, sarsaparilla, or by the mineral acids, (generally the nitric and hydro-chloric combined,) as the indications for their use severally arise.

Dr. Rigby's method of treatment is judicious and well-suited to the cases which he has selected; his theoretical opinions are of a more questionable character. Dysmenorrhœa, as well as other uterine affections, may occur in gouty or rheumatic habits, and will then give rise to symptoms which are modified by, and partake of, the constitutional peculiarity. Such appears to be the character of the instances brought forward; but to obtain assent to the opinion, that this affection is entitled to the specific appellation of uterine rheumatic gout, would require a much more extended investigation into, and analysis of, cases than are here given.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

MEETING AT NORTHAMPTON.

THE DINNER

took place at the George Hotel, at six o'clock. It was a sumptuous display. The President, Dr. Robertson, presided, supported on the right by the Mayor, E. H. Barwell, Esq., and on the left by the Rev. Sir G. S. Robinson, Bart. The Vice-Presidents were H. Terry, Esq., F.R.C.S., and W. Percival, Esq., F.R.C.S.; and in addition to a numerous assemblage of the members there were many friends of the Association present. The whole number amounted to nearly 200.

On the removal of the cloth, "The Queen," "The Queen Dowager," "Prince Albert," "Albert Prince of Wales, the infant Prince, and the rest of the Royal Family," were loyally honoured; after which the Chairman proposed "The Army and Navy," coupling with it the health of Col. Stretton of the 64th; he observed it would be superfluous in him to praise those gallant men who had fought both by sea and land for their country, and had covered themselves

with laurels in every part of the world; of them it might be said, in the words of Virgil: "*Quæ regio in terris nostri non plena laboris.*"

Colonel Stretton returned thanks.

"The Bishop and Clergy" was next proposed by the Chairman, who said there was something very appropriate in them, as a Medical Association, giving due honour to the clergy. (Hear, hear.) He need not say, that in the exercise of their profession medical men frequently met the clergy, particularly in the sick room, and in many respects they might be considered as fellow labourers with them in the work of mercy. (Cheers.) In one respect the professions were equal, viz., in their efforts to relieve human suffering. But the clergy excelled the medical profession in this respect, that when the resources of medical science and skill failed, the clergy could smooth the pillow of the dying, point to an hereafter, and give that peace and comfort which medicine with all its science and resources could not give. (Cheers.) A favourite author of his, Dr. Johnson, in his "Lives of the Poets"—a book more full of sound criticism and sound principle than any he could readily name—in his life of Dryden had observed, that irreverence for the clergy is very little separated from irreverence for religion. There was a time when the medical profession laboured under the charge of materialism and want of religious principle. (Hear, hear.) It was an old saying, years ago, "*Ubi tres medici, ibi duo Athei.*" But he was sure that it was unnecessary for him to say one word to get rid of the foul stain, because he did not know that there could be a greater blot on the character of a professional man, or of any thinking man, than to be devoid of religious convictions. (Cheers.) He was certain that if any visitors had listened to the admirable retrospective addresses delivered by Drs. Budd and Cowan—(long cheering)—they could not fail to be struck with the deep religious feeling which pervaded them. Nor would they require words from him to convince them that the medical profession as a body was utterly free from the charge of being materialists, free thinkers, and devoid of religion. (Cheers.) In giving the health of the Bishop and Clergy of the Diocese, he was sorry to say that their most respected Diocesan was not present. He wished he had been. But there was one gentleman present, a Reverend Baronet, Sir George Robinson—(cheers)—who might be a Bishop with advantage and benefit to the Church—(cheers)—not merely from his high talent, but from his apostolic earnestness and sincerity of character, and his faithfulness and fearlessness in the cause which he considered to be right. (Loud cheering.) He saw also present several most respected clergymen, of whom, from his own intimate knowledge, he could say, that they were bright ornaments of the sacred profession to which they belonged. (Cheers.) The toast was drunk with three times three.

Rev. Sir G. ROBINSON, in reply to the toast, said he wished for his own sake, and for the sake of the company, that he could have persuaded one of his reverend brethren to undertake the office of acknowledging the kind reception of the last toast. As it seemed, however, their wish that he should express the thanks of the clergy, he begged, in the first place, to deprecate all attempts at anatomy. (Cheers.) His body after his decease was most perfectly at the service of the Asso-

ciation, but they must excuse him for requesting that they would not cut him up, or at least his speech, during his life-time. (Laughter and cheers.) Under any circumstances, and on any occasion, the toast they had just drunk would be most gratifying to the clergy; but proposed as it had been by his estimable friend in the chair, and responded to as it had been by the meeting, it became ten-fold more welcome. Proposed by one who, from his high professional opinion, long experience, and from frequent intercourse with the clergy, was well able to appreciate their character and value, and accepted as it had been by other Members of the Association, who, in various districts of the country, were able to speak to the same truth, the toast signified something beyond, something far better than, a mere expression of courtesy or form. (Cheers.) They all knew that the real value of praise bestowed depended upon whether those who bestowed it had had opportunities of knowing whether or not it was deserved; and who were so well qualified to appreciate the character and value of the clergy as those who entered with them into the chamber of sickness and sat with them by the bed of death?—who so well qualified to say whether the praise bestowed was merited or not as those who witnessed the spiritual consolation offered to human sorrows, and who in their efforts to relieve the bodily suffering which God in his Providence had laid upon us all, were aware of the message of kindness, love, and mercy, conveyed to the sufferer by the parochial clergyman? (Hear, hear.) Besides, who was there that had not experience of the close and intimate connexion between the body and soul, between the physical and spiritual parts of man? Had not the youngest practitioner present frequently found his hopes destroyed and his skill baffled by the workings of some mind diseased by sin, harassed by worldly cares, or distracted by suffering? If so, how important in a medical point of view, to take the lowest ground, were those wholesome medicines of sound doctrine by which the diseases of the soul were cured. The clerical and medical professions were indeed of a kindred character, exercising a mutual and reciprocal influence one upon the other, often called upon to supply each others' deficiencies, and thus became fellow labourers in the same cause, the noblest cause which could exercise the human faculties—"glory to God in the highest, on earth peace and good-will to man." (Loud cheers.) It was well known to those who were acquainted with the details of missionary enterprise that a knowledge of medicine had often been the means of opening a wide and effectual door for the introduction and dissemination of the truths of Christianity. Even in this country, in these our home scenes of science and civilization, how frequently and profitably did the medicine chest of the parochial clergy supply the want of regular medical attendance. He was no advocate for the extra professional interference with medicine with which some of his reverend brethren were charged. (Cheers.) He no more approved of that than he approved of the spirit of proselytism, under the influence of which some medical advisers took the opportunity which their profession gave them of urging on reluctant patients their own views of doctrine or their own peculiarities of faith. Quackery was to be avoided as much in the one case as in the other, especially in these days of meddling, mischievous empiri-

cism—empiricism theological as well as medical. But caution and kindness, and a due deference to the judgment of others, would never be at fault in the case of either the clerical or medical attendant. Each would be called upon at particular junctures to overstep the limit of his own immediate province, but each in doing so would feel that he was acting in subjection to the superior jurisdiction and judgment of another, each would carefully represent himself as a coadjutor, not a competitor, and neither would put forth claims to deference which not his education nor his official prerogatives entitled him to. (Hear, hear.) If those observations were worth the attention of the profession at any time, they were worth it then. He would not there occupy their time, or harrow up their feelings, by describing the scenes of vice and misery which, through the efforts of Lord Ashley and other eminent individuals, had been laid open to the public gaze. Those enormous masses of wretchedness which prevailed in extensive districts in the country were no longer matter of speculation, but a "great fact," a fact which coloured our waking as well as sleeping visions—a fact which scared the sensualist on his bed of down, and almost paralyzed the hand of even Charity herself—a fact which puzzled the genius of the wisest legislators, while it laughed to scorn the cold-blooded calculations of political economy. (Hear, hear.) It was allowed on all hands that a crisis was near, some great revolution that would shake the frame-work of society to its centre, unless something was done for the moral and spiritual improvement of the population of this kingdom. Lord Ashley lately said in the House of Commons, that "the evil became wider, deeper, fiercer. A little more folding of the arms to sleep, a little more self-indulgence, and the day of grace would be ended and the day of retribution commenced." One common effort must be made. All classes that had their country's weal at heart must be ready to co-operate. And if there were those on whom more than others the labour would rest—if there were those who, more than others, were ready to take the lead and do the work, those persons were the members of the medical and clerical professions. There were no two professions, he believed, in the country, which earned their subsistence on such hard terms as the parish surgeons and the parochial clergy. (Hear.) There were none whose labours were of a more anxious or responsible character. There were none from whose spontaneous bounty more was expected, and there were none truly from whom that bounty was more largely received. (Cheers.) Morals and health act and re-act one upon the other; and he might safely appeal to that assembly of scientific men, what would remove the material causes of disease so soon as more correct morals, wiser habits, and a more practical view of religion? He might appeal, on the other hand, to his clerical brethren, and especially to his esteemed friend the vicar of the populous parish in which their meeting was held, where they found the readiest access for their pastoral instruction? whether in the wretched abodes of disease and dirt, or in the comfortable tenements of cleanliness and health? Well then might the two professions sympathise together in the good work assigned respectively to each of them, and with good reason might he hail the toast as a token of that sympathy, and as an evidence, he trusted, of future

benefits to be derived from their joint exertions. (Cheers.) It only remained for him now to repeat his thanks. He knew not whether a distinguished member of the medical profession, with whom he was slightly acquainted in his younger days, was a member of that Association, or whether he was then present; but if he were, he (Sir George) trusted he would excuse the liberty he was about to take of availing himself of the records of his laboratory, in order to describe the character of his own inadequate and ill-arranged observations:—

"In his needy shop a tortoise hung,
An alligator stuff'd, and other skins
Of ill-shap'd fishes; and about his shelves
A beggarly account of empty boxes,
Green earthen pots, bladders, and musty seeds,
Remnants of packthread and old cakes of roses,
Were thinly scatter'd to make up a show."

(Laughter.) He need not tell them how graphically and faithfully those words of the poet described the bankrupt condition of the stock-in-trade from which he had administered, he feared he must say, to their disadvantage, so large and unreasonable a dose. (Laughter.) He regretted that his mental shelves were so empty, and his resources so scanty, and that he was unable to entertain them better. He could only say, in excuse, and he would borrow the excuse from the lips of the same gentleman, their fellow labourer, Romeo's lean apothecary, "my poverty and not my will consents." (Cheers and laughter.)

The Chairman next gave "the health of Dr. Hastings;" he did so *con amore*, from a long-standing friendship, which had commenced at Edinburgh as fellow students, "in their hot youth, when George the Third was King." (Laughter.) After many pleasing allusions to the reminiscences of that friendship, in after life, he proposed the health of Dr. Hastings, as the father and founder of the Association. (Applause.)

Dr. HASTINGS then rose and said:—Fellow Members, your kindness is so great, and my powers of expression are so feeble, that I should best consult your comfort if I merely said, in a few words, I thank you from the bottom of my heart for all the kind expressions which for the last twelve years you have used towards me. I feel that in taking an active share in founding this great and flourishing Association, and in the manner in which it has progressed, I find so much of satisfaction as sufficiently to repay me for all the trouble which my connection with it has thrown upon me. It is now but twelve short years since for the first time a small knot of members met at Worcester for the formation of this Association. (Since that time our progress has been so great, and our numbers are now so considerable, that we overspread the land; not only so, but the effect of the Association is already felt in distant lands; and if it is said, with regard to the British dominions, that the sun never sets upon them, so may it be said of this Association, that to the far East, the West, the North, and the South, its effects are beginning to be felt. We have during these twelve years visited different parts of this kingdom, and carried zeal and energy among the profession in every district. Oxford, with all her old associations, opened her doors early, and received with joy and honour the Members of this Association. This

gave an early impulse to our proceedings. The ports of commerce and merchandize received us also in such a manner as to show us that our exertions had produced the effect of bringing together men of able minds and high standing, for the advancement of science and the good of mankind. These are the principles which on all occasions I desire to see actuating the members of the profession, as they confer a benefit on the sick and the suffering—which is our great end; and in forming this Association, and prosecuting the objects we cultivate, I hope we may never be actuated by small or selfish motives, but by good-will and kindness to all mankind. (Cheers.) As Dr. Robertson tells us, we are here placed near the beautiful field of Naseby, the summit of the kingdom; and metaphorically we may here take a view of the country around, and witness, as in a Pisgah prospect, the future progress of the Association. Nothing should now damp our ardour, but let zeal and exertion help us to carry forward the great objects we propose. This Association may be contemplated in three aspects:—first, as of a scientific and literary character; secondly, as a scheme of benevolence, and particularly to the poor; and lastly, as a means of social intercourse to ourselves. In either view you will find something to assure you that you are engaged in a good cause. If you look to our volumes of Transactions and other publications you find abundant cause of gratification; for however hypercriticism may suggest that we are not equal to produce the effect expected of us, yet I can take my ground and say, I have no fear as to the verdict of posterity on the twelve volumes, rich in fact and experience, which we have already published. (Cheers.) And, actuated by the same spirit, we are now about to publish a new series, and give a more decided and beneficial tendency to call forth the labours of those who are qualified to give the results of their practical experience. Then by our weekly Journal, which certainly has greatly increased our numbers, and produced a moral influence which before was unknown in the provinces, we have a weekly account of facts arising among us, bringing information to our own doors, and at a very trifling cost. I trust also that the day is not far distant when in this respect we shall have yet greater improvements to make, and more important matter to communicate. But what shall I say of the scheme of benevolence by which we attempt to alleviate the sufferings of those unfortunate members of our profession who exist in far greater numbers than a stranger can possibly be aware of. (Hear.) The benevolent fund is in its infancy, but I have learned not to despise the day of small beginnings—*vires acquirit eundo*; and I look forward with satisfaction to the time when we shall have relieved the sorrows of many who, but for our exertions, would have lingered in want and misery. (Hear, hear.) These are great things to accomplish, but they are almost equalled by the gratification to which Dr. Robertson has alluded, arising from the social intercourse which is the inevitable consequence of these anniversary meetings. Of no profession can it more truly be said—*Emollit mores nec sinit esse ferus*—than of a profession which brings us day by day into contact with suffering humanity. For such a profession it is desirable that the greatest cultivation of moral excellence and of religious observances should

take place, because it is in virtue of such qualities that medical men become best capable of performing their daily duties. I therefore feel deeply interested in your onward progress; let us be united, and we must conquer all difficulties. The worthy Doctor concluded by recommending them individually to make exertions in their various localities to forward the success of their object.

The Chairman next proposed “the Mayor and Magistrates of the town,” to which the Mayor briefly replied.

Mr. Newnam, of Farnham, proposed “The health of Dr. Conolly, and the welfare of the benevolent fund.” Dr. Conolly replied.

“The health of W. Whitworth, Esq.,” having been toasted, and duly responded to, Dr. Forbes, in a talented and humorous address, proposed “the health of Dr. Robertson, and long may he continue a blessing to this county, an honour to his profession, and a delight to his friends.” (Loud and long-continued applause, the band striking up the favourite old Scotch air—“Auld lang syne.”)

Dr. ROBERTSON, on rising to return thanks, was again warmly cheered. He said that words failed him in attempting to return thanks for the kindness of his friend Dr. Forbes in proposing his health, and for the enthusiastic manner in which it had been received. He could make every allowance for the partiality of friendship in what Dr. Forbes had said. It was true they were old friends. They had been long associated in the bonds of attachment, and that could be the only reason why Dr. Forbes had coloured too highly the language in which he had spoken of him. (“No, no.”) Dr. Forbes had alluded to their intercourse in Edinburgh, where they, with Sir James Clark, used to walk and talk together in the days of their studentship. With regard to the “foray upon the southron” alluded to by Dr. Forbes, it had not been altogether unsuccessful in either of the three cases. He (Dr. R.) did not mean to say he could boast of the same degree of success as his two illustrious friends. Sir James Clark was now physician to her Majesty, and Dr. Forbes was physician to Prince Albert. Although he (Dr. R.) could not boast of being so successful as they, still he could say that he was content, and quite satisfied that the distinction had fallen upon brows more worthy than his own. He was in no way worthy to be put in comparison with them. With respect to the presidency of the Provincial Medical and Surgical Association, he could only say that some men, as Shakespeare says, had “honours thrust upon them.” That was his case. (Laughter.) He would call Dr. Hastings to witness that four or five years ago, he (Dr. H.) was anxious to fix upon Northampton for the anniversary meeting, and to propose him (Dr. R.) for its President. He (Dr. R.) staved it off, because he felt deeply and sincerely his own incompetency for the responsibility which the high honour would bring with it. (Hear, hear.) He felt that most distinguished men had gone before him, and that he could not but suffer from the contrast. (“No, no, no.”) This was the twelfth anniversary of the Association, but he (Dr. R.) was its thirteenth president. He therefore stood in contrast with twelve most distinguished men. He hoped the circumstance would not prove ominous to the Association. He recollected that after the twelve Cæsars the Roman empire began to decline; (Laugh-

ter and cheers,) and he feared the words of Tacitus, applied to the unfortunate Galba, might be transferred to him (Dr. R.): "*Major privato visus, dum privatus fuit; et omnium consensu capax imperii nisi imperasset.*" He had done his utmost to make the reception at Northampton—not what the Association was worthy of, for that he could not do,—but as good as his means and appliances would admit. (Cheers.) He would not waste more of their time, as he knew there were several gentlemen to follow, gifted with higher intellectual endowments and more eloquence than himself. He would therefore simply thank them for the honour they had done him, and express a hope that they might be spared to meet again at Sheffield, at the next anniversary. (Cheers.)

The following toasts were afterwards given:—The memory of the late venerated and lamented Mr. Hey; Dr. Kerr and the members of the local Council; Dr. Copland, with reference to his high rank in medical literature; Mr. Martin, and success to the proposed educational establishment; Drs. Budd and Cowan; The Central Council; Prosperity and perpetuity to the Provincial Medical and Surgical Association; Dr. Streeten, &c.

The sum of £20 was collected at the dinner table in aid of the benevolent fund.

After a *conversazione* the company separated, and thus terminated this very successful and gratifying anniversary.

NAPHTHA IN PHTHISIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

My attention has just been directed to a note on "Naphtha in Phthisis," by a Mr. Rose, in your journal of July 17th.

Mr. Rose appears to have given naphtha an extensive trial, but from the nausea and loathing it produced in all his cases, he had undoubtedly employed a deleterious agent instead of the medicinal one I have particularly recommended; consequently, his deductions are valueless. Indeed, were it otherwise, no such indefinite statement as he has furnished, entitles him to come to such sweeping and positive opinions as those contained in his letter.

When an individual chooses to condemn the labours of another, in such a wholesale manner as Mr. Rose has done in the present instance, surely he ought to bring forward more precise and convincing proof of the truth of his allegations than his own simple *ipse dixit*. But, perhaps, Mr. Rose was unwilling to spoil the effect of his perspicuous and off-hand style, as he must have done, if he were to encumber it with a statement of *facts* and dry details.

I am, Sir,

Your obedient servant,

JOHN HASTINGS, M.D.

14, Albemarle Street, London,

July 29, 1844.

UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE, 1844.

The following Candidates have passed this Examination:

FIRST DIVISION.

Med. Schools.

Bompas, Joseph Carter	University College.
Cadge, William	University College.
Colborne, William Henry	University College.
Copeman, Arthur Charles	King's College.
Duncan, Peter Martin	King's College.
Elam, Charles	Leeds School of Medicine.
Evans, David Peter	King's College.
Fotherby, Henry Isaac	Guy's Hospital.
Greenwood, William Henry	Guy's Hospital.
Grimsdale, Thos. Frederick	University College.
Hicks, John Braxton	Guy's Hospital.
Mason, Thomas Peter	Original School, Peter Street, Dublin.
Matthew, Charles Reeve	University College.
Ody, John	King's College.
Radcliffe, Charles Bland	Leeds School of Medicine.
Roughton, James John	King's College.
Wiglesworth, Henry	University College.

SECOND DIVISION.

Cowdell, Charl	University College.
Drury, James Samuel	Adjoining St. George's Hospital.
Elliott, John Alexander	Adjoining St. George's Hospital.
Martyn, Patrick	School of Physic, in Ireland.
Mason, John	King's College.
Monckton, Stephen	King's College.
Morris, John Griffith	University College.
Ramskill, Jabez Spence	Guy's Hospital
Ricards, John B.	College of Surgeons in Ireland.

SPEEDY WAY OF RAISING A BLISTER.

Take a watch-glass the size of the proposed blister; drop into it from eight to ten drops of the liquor ammoniæ. Have ready a piece of fine linen rather smaller than the watch-glass; lay it nearly into the hollow of the glass, and immediately apply this to the skin freed from hair. In a very short time, sometimes in from thirty to forty seconds, a red circle appears round the glass, and the blister is formed.—*Gazetta Med. di Milano.*—From *London Med. Gaz.*

TO CORRESPONDENTS.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

LECTURES ON PUBLIC HYGIENE AND MEDICAL POLICE.

Delivered at the Manchester Royal School of Medicine
and Surgery. Summer Session—1844.

By JAMES BLACK, M.D., Manchester.

SECOND LECTURE.

We have, in our last lecture, taken a short review of some of the principal elements of climate, as affecting human life and health; we shall now proceed to notice what is worthy of attention to the public hygienist, in the more practical and economical objects of local climate, or what affects the salubrity of particular sites and places. In the first place, we shall make a few remarks on what is called *malaria*, without at present touching upon those local deteriorations of the atmosphere occasioned by known sources of contamination, as from several manufactures, chemical processes, or what are legally termed nuisances.

The term *malaria*, as you know, is an Italian word, and literally signifies bad air, but it is applied by medical topographers and philosophers, in a more special sense, to those conditions or impregnations of the air, generative of a peculiar class of diseases or unhealthiness. This malaria is much better known and appreciated by its effects on the human body, and often on that of animals, than it is by its physical or chemical nature. Many persevering attempts have been made by pneumatists to analyze it, without their being able to detect anything beyond what are the common constituents of the ordinary atmosphere. The only attempts of this kind that are recorded to have elicited anything like a discovery on the matter, are the experiments of Magendie and Dr. Prout. The former succeeded in condensing a portion of known malaria from a deadly locality, by which a viscid precipitate took place, and the very small portion thus obtained he gave to a dog in a little food, by which the animal was soon seized with shivering, and died of a putrescent fever shortly afterwards. The other instance was, that during the epidemic cholera in 1832, Dr. Prout ascertained the air to have gained an unusual weight, not as indicated by the barometer, but by its weight in proportion to its bulk. He does not pretend to say to what foreign introduction this increased weight was owing; only he is

fully of opinion that the foreign or adventitious ingredient was the cause of the epidemic disease, for with the cessation of the disease the air resumed its normal levity. He considers this foreign body as a species of malaria. Berzelius mentions a very singular effect which a bubble of seleniuretted hydrogen, not larger than a pea, had upon him in producing an attack of catarrh and slight pneumonia, which required a blister, and hence he believes that epidemic catarrhs, or influenzas, might originate from those emanations of this diffusible gas that take place from volcanoes, or through crevices in the earth, from the effects of an earthquake. As I mentioned in my last lecture, sulphuretted hydrogen gas has been detected in some of the bays and river mouths in Africa, but principally in the waters on the coasts, from the corroding effects which these waters have on the copper sheathing of vessels. Such researches as these have detected extraneous matters in the atmospheres found to be unhealthy, but the greatest ravages from fevers, plague, and other epidemics, have occurred without anything deleterious or foreign being found in them, on the strictest examination.

The existence of this malaria, therefore, is removed out of the province of eudiometry and chemistry, to any practical purpose, and it is founded almost entirely on its effects, and on the probability of its existence, when the circumstances are found to be present, which generally accompany its effects in other places. It is much to be regretted we have so little exact or sound philosophy on the subject; because, if we had, it would save a host of disputes, and a multitude of gratuitous and complacent assertions. The utmost that has been ascertained is, that this demon of the air prevails most in tropical countries, along the sea coasts, shores, and banks of rivers, or of inland lakes, or in marshy plains or vallies, where vegetation is rich, and especially where this vegetation is undergoing decay, and that annual decomposition which takes place after the autumnal rains. In many localities, however, none of these physical conditions of the earth and vegetation are observed, and yet a very deleterious malaria is found to prevail—as at Gibraltar, which is a dry and almost barren rock, also in some of the West India Islands. In these instances it is only found that the

malarious effects appear after seasons of rain, which have saturated the dry soil, which has afterwards given off much evaporation under a cloudless sun. There is no doubt but green wood or vegetables, under decomposition, in warm weather, will emit a very morbid miasma, productive of the severer forms of remittent, if not of yellow, fever. Of this a very remarkable instance came under my own notice. In the year 1815, the ship of war, in which I was surgeon, took in a good deal of green wood at Demarara for the purpose of firewood. The ship was quite healthy at the time, but after being at sea for about three weeks, and without being in any other port, fever of a violent congestive character made its appearance among the men and officers. I attended them till I was myself attacked and laid up, when the ship was obliged to run into Barbadoes for relief, where forty men and myself were conveyed to the hospital. The ship afterwards returned to her cruising ground; it being thought she would get clear, and that sooner, of the fever, by being at sea, than lying in harbour. The men's diet was also modified, as they had not been long from a cold climate; but no, the fever continued to explode, and the ship was again obliged to return to port. On more mature consideration of what might possibly be the cause, the hold was examined, and found very foul and fetid from the green wood fermenting and decomposing. It was immediately cleared out, the men were quartered on shore, and the ship was fumigated and whitewashed; after which, on the return of all the crew and officers, she had not a single case of fever, nor of any epidemic sickness. Several similar cases have occurred both in ships and on shore, all tending to show that vegetable matter, under decomposition in tropical regions, and in the hot autumnal seasons of temperate countries, will generate a malaria, having deleterious effects upon the human body, and that mostly in the form of fevers, intermittent or remittent.

Though putrefaction of vegetable matter has not been considered by some observers as necessary to the generation of malaria, yet on a strict investigation of the circumstances and locality, it will be found that there have been some vegetable remains involved in the negative side of the problem. Dr. Ferguson, an inspector in the army, in the Transactions of the Royal Society of Edinburgh, has cited a few instances, where during the war, epidemic fevers broke out in the army, where he could detect no vegetable decomposition going on. Among these places are the leeward shores of Guadalupe, the soil of Walcheren, the plains near Ciudad Rodrigo; and he is of opinion that the only condition indispensable to the production of marsh poison on all surfaces capable of absorption, is a paucity of water where it had previously recently abounded. Heat and moisture would then appear to be the only requisite conditions, according to this author; and as some can see

nothing pestiferous in the mere vapour of water, they have been obliged to have recourse to some unknown telluric effluvia being elicited from the earth by the heat, and the little menstruum of moisture evaporated. Leaving this speculation to find its own obscure way, we have abundant evidence of a morbid malaria being generated by even the steeping in water of flax and hemp, the decomposition of potatoes; besides the instance related of the effects of green wood in the hold of a ship, by a more serious one of the ravages of fever on board the Priamus frigate, from bilge water acting on wood chips and shavings that were left in the hold of the ship, as mentioned by Dr. Burnett.

The most prolific sources of malaria, as I have mentioned, are along the sea shores and bays of rivers, and especially where the tide mingles with fresh water in lagoons and marshes bordering on the sea. Where the fresh water is mixed with salt, even if stagnant, or where the tide has free and quick ingress and efflux, the generation of malaria is either absent or very trifling, and innocuous, even under a hot climate, and with ordinary vegetable decomposition. The circumstances which give its production most intensity, is where salt water mixes at high tides with the fresh of rivers or marshes, in lagoons or flat basins, where vegetable decomposition is going on. It is here we find at least, that the oxidation of the vegetable matter decomposes the sulphate of soda and magnesia in the sea water, and gives rise to the extrication of sulphuretted hydrogen and of carburetted hydrogen, which are either absorbed by the water or bottom bud, or given out into the atmosphere. How far these gases are productive of the marsh and pestilential fevers in question, is not yet correctly ascertained; but this much we may conclude, that their generation under these circumstances shows that much chemical change does take place, and therefore they are in some way connected with the pestiferous impregnation of the local atmosphere.

Even in our own country, before the fenny land of the Bedford level in Lincolnshire was drained, and where occasional inundations of the sea threw in upon the low lands bodies of salt water, which were left to act upon the marsh vegetation, and to be evaporated, it was remarked by Dr. Hamilton, of Lynn, that a most offensive effluvia was generated, which was often followed by most violent and epidemic fevers, of great mortality, during the succeeding hot summers and autumns that followed these marine inundations.

In meadow and marshy districts in Scotland, and in this county where there was a wet clay subsoil, I have found, after a wet summer followed by a hot autumn, that species of fever to prevail which is allied to the typhoid or dothinerite, and having a remittent character. From my observation I have been led to attribute this fever to marsh

effluvia, generated from moisture and heat acting upon the decaying grasses; for I found it only to prevail in certain lines of the country, and to circumambulate villages and towns, but not to appear within them, though the intercourse was open and frequent. This aerial poison, in the greater number of cases, is accompanied by no offensive nor perceptible smell whatever; though it in some instances is both noisome to the senses, and pestilential; and therefore the vegetable decomposition that is going on is likely in many cases to be different from what is usually termed putrefaction. From this circumstance, and from these fevers or other malarious diseases, only occurring during the retrocession or decay of vegetables, and never, where plants are growing into life and flower—at which latter period, according to Poulliott and others, they are continually giving off electricity to the atmosphere, which they render *positive*—I have been led to think, that at the fall of the season their electrical condition is changed, and consequently the incumbent atmosphere will be also altered if not rendered *negative*.

There are so many instances where malaria is generated and no animal is found to exist, that we may conclude that the presence of animal matter is not essential to the formation of the poison. When it is present, it may modify the nature of the malaria, but of this we have no good evidence, for the fevers generated by animal effluvia generally arise from living bodies and not from the dead. Besides, the healthiness of butchers is remarked, though this might be attributed to eating a good beefsteak, as much as to the innocuousness of killed carcasses. Knackers, bone-grinders, glue-makers, furriers, and tanners, are, moreover, seldom or never subject to any pestilential disorders that can be traced to malaria, arising from their occupation and their exposure to dead animal effluvia.

Another important subject relating to malaria is the law or mode of its propagation. Upon this head we have many detached facts, but little determinate or systematic knowledge. We may however easily suppose that the effect of the poison will be more intense in proportion to the proximity to its source. The nearer the source the greater the condensation, which is again regulated by the heat of the weather and the strength of the winds. From the cooler atmosphere and generally the calmer state of the winds at night, the malaria after a hot day will become much condensed by night; and therefore it is found, that the proximity of swamps during the night is especially deleterious, aided, no doubt, in its effects by the less resistance the body then has to the impression of noxious agents.

Mists and fogs are also found to add considerably to the intensity of malaria, partly owing to the calm that reigns at the time, and the affinity which the poison has to moisture. To the general law of proximity giving intensity to malaria, there are some exceptions, for it is sometimes found that

malaria has more effect at the top of a hill than at the bottom, where it is generated. Thus Dr. Mac Cullock mentions, that at Malta, the malaria which is produced beneath a cliff on the beach, has no effect at the spot itself, while it affects, sometimes in a most severe degree, a village situated at the top. Chains and ranges of hills have been powerfully influenced by malarious emanations, which are produced at a distance, if they are in the direction of the winds blowing from the poisonous sources. Thus M. Monfalcon mentions that the deleterious effluvia from the stagnant water of Lake Agnano, are often carried to the N. E., to two or three villages, and even to a convent, a league distant, and situated on a high mountain. In Corsica and Italy, chains of hills, very far from morasses, but placed in the line and the direction of the wind from them, have been entirely depopulated from their transported miasmata. The distance to which the malarious emanations may extend by gradual diffusion, has been calculated by Monfalcon to be 1,400 to 1,600 feet of elevation, and from 600 to 1000 in a horizontal direction. These are the extreme limits in Europe, he supposes; but their activity is much more extended in warm climates. In the West Indies it is said, that vessels at the distance of 9,000 feet from a marshy coast have felt their baneful influence. Much will depend in these localities, on the strength and direction of the wind, and whether there is much aqueous vapour in the atmosphere or not. The attraction of trees for the poison is great, and it has been repeatedly observed, that not only a few individuals, but even populous villages, situated in the most swampy districts, have owed their security to a screen of woods interposed between them and the marshes. Facts of this kind suggest the planting of trees as a fence in the vicinity of irreclaimable marshes, and the refraining from cutting down such situated trees in new settlements, and in unreclaimed colonies. It is an interesting fact, that many parts in North America, that were formerly free from malaria, and very healthy, before the neighbouring belts of forests were cut down, are now, on the entire denudation of the woods, perfectly uninhabitable during the summer and autumn, from malaria. They will likely continue to be so, until the vegetable exuvia and matter are nearly worked out of the soil by cultivation and cropping. The floors of dwellings, from their porosity, are supposed to have a similar attractive power, where they are situated over a malarious soil, and therefore the second stories are found to be much more salubrious than the ground ones. As a sleeping apartment, the upper should always be chosen, and where this cannot be done, the bed should be elevated a few feet from the ground.

The notice of these economic arrangements leads us to consider some more familiar effects of an insalubrious nature, that have been, with more or less justice, attributed to malaria. To its influ-

ence, acting in particular sites and countries, are ascribed organic affections of the liver, spleen, and mesenteric glands; certain derangements of the stomach and intestines; dropsy, palsy, apoplexy, and idiocy, as manifested in the marshy districts of Tuscany, and in the cretinism of the valleys of Switzerland. The *plica polonica* is also thought to be occasioned by the long application of certain malaria. Cholera, dysentery, diarrhoea, are, by many writers, referred to its more brief and localized agency; and there is still more reason to think, with justice, that intermittent neuralgia may occasionally be referred to this meteoric cause, though I cannot agree with some who add rheumatism to its effects. It is observed, that the natives of marshy districts, who permanently reside in them, lose much of bodily and mental integrity, being contaminated by the poisonous air which they inhale. Their aspect is sallow, and prematurely senile; their features are often wrinkled, their muscles flaccid, the hair lank and light coloured, the abdomen tumid, the stature stunted, and the intellectual character feeble and low, if not degraded. These physical characters are much impressed upon the inhabitants of Walcheren, as I have personally witnessed. They seldom attain any advanced age. It is also remarked that even the inferior animals partake of the general depravation, as they are also stunted and short lived.

In considering the question of climate, as the public health is affected, there is another important element which must never be overlooked, and that is water, both as an article of diet, and as subserving greatly to affect the comfort and cleanliness of the inhabitants in any country. As far as it is an object of drink and of culinary use, its purity is of the deepest importance, as it is the universal beverage of the generality of mankind, or the vehicle by which the greater part of our food, animal or vegetable, is prepared for our stomachs.

In its natural supply for our wants, it is either derived from rain collected in tanks or cisterns, from springs, or from rivers. Pure water should be colourless, destitute of smell, and have but little taste. It boils, when heated under a mean pressure of the atmosphere, at 212° , and freezes at 32° . A cubic inch of it, at the temperature of 60° , weighs exactly $252\frac{1}{2}$ grains. Under the mean temperature and pressure, it is about $810\frac{1}{2}$ heavier than the same volume of atmospheric air. It is composed of eight parts, by weight, of oxygen and one of hydrogen, or of one volume of oxygen gas and two of hydrogen gas. Water, whether in ponds, rivers, or wells, always contains a quantity of atmospheric air, but rain water contains most. Dr. Thomson finds, that 100 cubic inches of water from the first of these sources, if left a sufficient time exposed to the air, absorbs two cubic inches of azote and 0.74 oxygen, therefore the air contained in water is

somewhat purer, or contains a greater proportion of oxygen gas than atmospherical air, or as 27 oxygen to 73 azote.

But this aerated state of the water does not exist, when the water is stagnant, or impregnated with vegetable or animal matter. It is found that the water of the Thames at London contains so little oxygen gas, that phosphuretted hydrogen gas may be left standing over it for 24 hours, without losing its combustibility, while a very short exposure over the water of any clear stream soon destroys its spontaneous combustibility.

The agreeable flavour of good water is owing to its containing air, for when it is boiled, its taste is vapid and much less agreeable. Well-water often contains carbonic acid gas, which renders it a still more agreeable beverage. When water contains the remains of animal or vegetable substances, it may contain azotic and carbonic acid gases, without any trace of oxygen gas, because these substances combine with the oxygen and so abstract it. For the same reason sulphuretted hydrogen gas and oxygen cannot exist together, as the sulphur combines with the oxygen, though azotic gas may exist with sulphuretted hydrogen. The existence of carbonate of iron in water is also incompatible with the presence of oxygen gas in it; as this salt is generally in a state of protocarbonate, or protoxide, and readily attracts another dose of oxygen when it becomes exposed to the air, and is converted into a peroxide, and is precipitated of a brick-red colour, at the sides and bottom of the surface stream, as we may observe in many rills, and also in water from springs issuing from ferruginous strata.

As water constitutes a most important and essential part of the food of man, as well as of all animals and vegetables, it is highly requisite it should be pure and of necessary plentifulness. Even of the solid food which we eat, water constitutes full four-fifths. It may even be said that nine-tenths of all the food we take is nothing else but water, and in cases of starvation from solid food life has been long sustained by fresh water alone.

To determine its purity and wholesomeness, the first step is to ascertain the specific gravity of the water under inspection, next its taste and smell, and to observe whether it is transparent and colourless, or muddy and coloured. The specific gravity of distilled water being 1.000, good river water should not exceed 1.002, or 1.003, but that of mineral waters is sometimes as high as 1.028.

To determine the quantity of foreign matter in any water, we may employ a common eight-ounce phial, weigh it, mark its weight, and then put 1000 grains of the water into it; place the phial in a sloping direction on a sand bath, with its mouth open. We continue the heat till all the water is evaporated, when the residue is to be urged by a heat of 500° , to expel all the adherent water; we again weigh the phial, the increase of

weight will show the quantity of foreign matter in 1000 grains. Sulphuric acid in water is detected by the chloride of barium; hydrochloric acid by the nitrate of silver, the precipitate being dissolved by liquid ammonia. Carbonic acid is detected by its having an acidulous taste, and tinging litmus paper red, which properties it loses after boiling. The litmus paper also recovers its blue colour when exposed to the air.

The earths of lime and alumina are the most common impregnations of spring and pump water, and give that quality to water which is called hardness, which unfits it so much for culinary or detergent purposes, especially when it contains the latter substance, alumina. Even as a constant beverage, either of these earths will be unwholesome, and produce obstructions and derangements of the intestinal secretions. Lime may be detected by oxalate of ammonia, which occasions a white precipitate, or a milkiness. Should no precipitate take place, the water may still contain a little lime, to detect which, we reduce the water by gentle evaporation one-tenth, then drop in the oxalate; if no precipitate, then there is no lime. If any water, after being boiled to expel any free carbonic acid gas, be mixed with pure lime water, and a white flaky precipitate fall, we may conclude it contains a salt of magnesia. Aluminous impregnations are readily detected by a solution of soap, on the addition of which, the potash or soda, combines with the acid, such as the sulphuric, and the fat of the soap is thrown to the surface. But to detect this earth more perfectly, we concentrate the suspected water by evaporation, then add ammonia, or its carbonate, which throws down a precipitate, which we collect on a filter, wash well with water, and then boil it in a solution of pure potash for some time. We then decant off the potash ley, saturate it with muriatic acid, and pour carbonate of ammonia into the saturated solution. If a precipitate now falls, it is a proof that the water contains alumina, which may also be weighed.

The presence of iron in water is easily known by its inky taste, and by its striking a purple colour with the infusion of nutgalls, or with an infusion of tea; prussiate of potash strikes a blue, and sulphocyanate of potash a red colour with the peroxide of iron, but produces no sensible colour with the protoxide. If the whole iron precipitates when the water is exposed to the air, or when it is boiled, we may be sure it is in the state of carbonate, and therefore all protoxide. If it only partially precipitates on exposure to the air, or on boiling, part will be in the state of carbonate, and part sulphate. Lead, as contaminating cisterns and pipe water, and often producing very direful effects on health, and even life itself, may be detected by sulphuretted hydrogen gas, which throws down a black precipitate. And on the converse, this gas is detected by a similar dark precipitate on the addition of a solution of sugar of lead. We have now noticed the

principal foreign ingredients that are found in water in a natural state, with a few of the ready means of detecting the nature and the quantity of earthy, metallic, or gaseous matters which it commonly contains, without going to the extent of the subject of mineral waters and their analysis, which are more an object of medicinal than hygienic attention. It is seldom that river or well-waters are free from some earthy impregnation, but if they are of a specific gravity at or below 1.002, the little lime, alumina, magnesia, or silex, will not render them unwholesome or unfit for culinary purposes.

Another subject connected with water, as tending greatly to promote the public health, and to which too little attention is paid in this county, is its employment for bathing. Where the sea is not at hand, nor any clear river or lake, it is very incumbent, for the promotion of physical health and vigor in a community, that artificial bathing-tanks and lodges should be provided for the body of the people, at a trifling expense, or free to the majority of individuals using them.

Fuel is another essential requisite, both for cooking and bodily warmth in any consideration of local climate and hygiene. A plentiful supply of wood, peat, or coal, is indispensable where many human beings are to be congregated together. Wood and turf can at all times be ascertained to exist or not, from an inspection of the surface of the country, but the existence of the more valuable fact of coal is not at all times so easily verified. Where it has not been previously discovered, its existence in the neighbourhood of any locality may be inferred, if not at once ascertained, from examination of the geological structure of the place. If it should be discovered, it will form a most important element in any locality, and would counterbalance much that might otherwise be reckoned doubtfully salubrious in the climate. A very slight acquaintance with a few facts as to the rocks and vegetable fossils which always accompany the coal formation, will place an intelligent observer in a position to settle this point, and I would advise all young practitioners going abroad to have a fair knowledge of this study, as well as of botany.

Wood forms the common article of fuel in many countries, and is not quite discontinued in this. It was the first article in ancient times, and its general use served to clear the native forests of the kingdom. Peat dried is still, in many parts of Ireland and Scotland, the only combustible used, both for culinary and other domestic uses. Wood and peat are both wholesome articles of fuel, but from the quantity of pyro-ligneous acid which they give off in burning, they are annoying if not hurtful to the eyes, and they injure the complexions of those exposed much to their smoke. From the quantity of this antiseptic vapour which they give off, their smoke is much used for preserving and drying hams and fish; and it also appears that

some creosote is at the same time engendered, which further adds to their antiseptic properties.

Warmth, combined with a due supply of fresh air, is so essential to the health of all residing in temperate and cold climates, especially during the winter, that many modes have been devised to ensure these two physical blessings in the most effectual and economical manner; but after all, open fire-places are found the best, though they are far from being the most economical. They radiate the most heat through an apartment, if properly placed, while they attract currents of fresh air from the doors and crevices of the windows and floors, but then they carry up the chimnies a great deal of combustible gases, unconsumed, in fact, wasted, which if ignited would give out a great additional supply of sensible heat; instead of which they are soon condensed by the cooler atmosphere, and precipitated as a noxious covering over the neighbourhood, and are very destructive to vegetation.

Stoves prevent the annoyance of smoke, are more frugal, and they heat an apartment very effectually, from the great radiating power of their metal, but the ventilation is very imperfect, and besides they produce a dryness in the surrounding air, which is very disagreeable and insalubrious, especially where people are subject to pulmonary weakness or disorder. A capsule of water placed on the stove does not altogether prevent these objectionable effects. Hot-air flues combine ventilation with warmth, if the air from the outside is brought directly into the place after being heated; but they require management. Steam tubes convey an equable temperature, but are not convenient, as they require constant attention to the heat of the generator being kept up. Perkin's hot water pipes promised the most perfect supply and easy management; but they have been proved to be liable to accidents, such as may occur in frosty weather, and from rupture of the pipes, so that the advantages derived from them are much counterbalanced by the care and risk attending on their use. The safest mode of using hot water, is that in use in many conservatories, where the water cannot be heated above 212° , but this is not conveniently done in dwelling-houses. Warmth is agreeable to all ages, but it is essential to the very young and the aged. In the former it promotes the natural tendency of capillary circulation and development, or what may be called the eccentric evolution of the infant. In the aged, it even supplies the place of food, for cold air throws too much oxygen or combustion on the lungs, and thereby produces more waste than the feeble powers of assimilation can supply.

CASES IN SURGERY.

By T. M. GREENHOW, F.R.C.S., of England.

Senior Surgeon to the Infirmary, Newcastle-upon-Tyne, &c.,

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7, 1844.)

If scientific information is to be increased rather by the faithful record and accumulation of facts, than by ingenious theories; if it is on the careful observation and comparison of such facts alone, that we can found any just and useful reasoning by which we may be safely guided in the deduction of practical axioms—then may I hope that the following cases, shortly and simply related, without any desire to exaggerate their importance, to extenuate the errors or sources of failure in diagnosis or treatment, or any attempt to enhance the degree of success with which they were attended, can scarcely fail to possess some interest with the profession, or to supply now a guide and now a beacon to some of the younger of its members, in the treatment of similar cases of accident or disease.

It is easy for a practitioner to relate successful and striking cases, wherein his practical skill has appeared to himself at least, to have been exemplified in a manner at once grateful to his own feelings, and calculated to receive the admiration or approbation of others. But to relate cases which were less successful, or which altogether failed, and to point out with candour and unflinching fidelity the supposed sources of failure; to acknowledge errors in diagnosis, prognosis, or therapeutic practice, requires a firmer resolve and a degree of self-sacrifice at the shrine of science from which many shrink; and not a few, it is to be feared, if they do not glaze over their errors, and attempt to give them the hue and shape of virtues, at least think it no sin to pass them over in silence, although a candid avowal of them might not a little contribute to deter others from the same sources of failure.

Perhaps there are few practitioners who can look back without many misgivings as to the results of cases which have been submitted to their professional management, and who do not see reason to believe that other treatment than that adopted might occasionally have led to different and more favourable issues. Indeed, in the nature of things it cannot be otherwise, else in what would consist the value of experience, of practical observation, and matured reflection and judgment? If every man began practice with all the knowledge and practical skill which he is capable of acquiring, after long and careful perusal of the book of nature, we must necessarily infer that the whole scope of science has already been mastered, that no new fact remains to be developed, that the laws of diseased action, and the nature and effects of remedies, have been fully ascertained, that the truth of the axiom, "*Ars longa vita brevis*," has been reversed, and, in brief, that some royal road has indeed been found out, of discovering and conquering the "thousand ills that flesh is heir to."

It is in the spirit of these reflections, that I shall relate the details of some cases which appear to me to supply facts not unworthy of the consideration of the members of the Provincial Association. They will be selected from my case books, without regard to the order of their occurrence.

CASE OF STONE IN THE BLADDER COMPLICATED
WITH EXTENSIVE SCROFULOUS DISEASE.

Robert Dover, aged 44, a thin man of sallow complexion, was admitted into the Newcastle Infirmary, January 6th, 1842, with well-marked symptoms of stone in the bladder, from which he had suffered from childhood. For some years his sufferings had been great. A warm bath was prescribed. Twelve grains of Dover's powder ordered to be taken at bed time, and half an ounce of castor oil in the morning.

7th. A large sound was introduced, and a stone distinctly felt. Though the operation of sounding was performed with great caution, it occasioned him much pain, and he complained greatly of the ordinary symptoms of his disease. To obtain relief he supports himself on his knees and elbows. The following mixture was prescribed:—Gum mucilage and camphor mixture, four ounces of each, a drachm of the carbonate of soda, and two drachms of the tincture of hyoscyamus. To take three large spoonfuls three times a day. Repeat the powder at bed-time. Castor oil in the morning, if necessary.

8th. Easier. Bowels well opened; slept. Continue.

9th. Complains much to-day. Anodyne fomentation to abdomen.

10th. Much relieved. Nearly free from pain.

12th. Remains pretty easy, but suffers from hæmorrhoids. Tired of the mixture. Take of linseed tea, a pint; carbonate of soda, a drachm; tincture of hyoscyamus, two drachms. A cupfull of this mixture to be given three times a day. Apply the gall ointment to hæmorrhoids.

13th. Piles easier, but had a bad night. Take of powdered gum-acacia, one ounce; barley water, a pint. A cupfull to be taken occasionally. Thirty drops of Battley's sedative at bed-time.

14th. Much relieved. Continue.

15th. Slept ill, but did not take the opiate. Bowels irritable. Take half an ounce of castor oil immediately. Anodyne at night.

16th. Slept well; easier; bowels easy.

17th. Another good night. Sounded, and stone distinctly felt. Opiate at night; emollient enema in the morning.

18th. Operation of lithotomy performed this morning, and a smooth nearly-round stone, weighing ten drachms and 26 grains, was extracted. During the operation (which was soon over) large hæmorrhoidal tumours projected from the anus, and a quantity of pale liquid fæces was discharged. A circumstance occurred during the operation which was explained by the condition of parts discovered by the *post-mortem* examination. In drawing out the scalpel, after the division of the prostate, the incision of intermediate parts was found to be insufficient to admit of the extraction of the stone (which was not very large) without the repeated use of the knife to overcome the obstruction. At the time, I was led to suppose that I had not made my incision with sufficient freedom. In the sequel, however, it appeared that the unyielding character of the diseased tissues was the real cause of the obstruction, and that these required to be divided with much greater freedom than in their healthy condition.

Thirty drops of laudanum were given after the opera-

tion. In the evening he was easy and comfortable. Urine passed freely through the wound.

19th. Had an uneasy night; bowels purged; wound looking well. An opiate at night.

20th. No complaint to day. Slept well; wound looks well; urine flows freely through the wound. Bowels open. Continue; an anodyne draught at bed-time.

21st. No unfavourable symptoms.

22nd. Had an opiate last night, and slept well. Bowels well opened with castor oil. Urine flows freely through the wound, which looks well; but he feels languid and has less appetite to-day. Pulse soft and quick. A stomachic mixture was ordered, beef tea, and a small quantity of wine.

23rd. Less languor to-day. Pulse firmer; slept well; more appetite; tongue clean and moist; urine flows freely; wound rather sloughy; bowels not open. A dose of castor oil.

24th. Had a good night and appears well; appetite improves; excoriation of sacrum; apply a lead plaster. A chop and wine allowed.

25th. Appears going on well; but he now for the first time directed my attention to a tumour in the right axilla, which was becoming painful. On inquiry, I found that it had commenced about twelve days before his admission into the hospital, though he did not think it of sufficient consequence to mention it sooner. It is of considerable size, fluctuating and painful. To be poulticed. To continue as before.

26th. Wound cleaning, and urine passes partially by the urethra. Back better, and is doing well; except abscess in axilla, which is very large, extending above the clavicle.

27th. Abscess opened, and about eight ounces of pus discharged. Appetite not quite so good; in other respects seems pretty well.

28th. Great discharge from the axilla.

29th. Wound cleaning. Abscess still discharges freely, but is free from pain.

31st. Gains strength; wound healthy, but does not fill up. Great discharge from axilla. Appetite good. Bowels regular, and he sleeps well with an opiate at night. Takes nourishment, with wine and ale in moderation.

February 1st. Stronger. Urine passed by urethra freely last night. Wound appears filling up.

2nd. Doing well; wishes for more ale; to have one pint daily with his chop at dinner.

5th. Goes on well. Abscess in axilla nearly closed. Back healing.

7th. Report good in all respects.

8th. Bowels confined; aperient mixture.

9th. Bowels well opened, but not so good a night. Appetite not so good. Abscess again discharges more. Wound pale and flabby. Thinks the ale disagrees. To have wine and beef tea. Take of infusion of roses, an ounce and a half; sulphate of quinine, two grains; tincture of bark, a drachm. To be given twice a day.

10th. Appears better.

11th. Report favourable.

12th. Not so well. Bowels confined. Did not sleep well; tires of quinine draught. Take two grains of quinine, in a pill, three times a day. Ten grains of rhubarb pill at bed-time.

13th. Bowels not opened. Nausea and vomiting.

Abscess discharges much. Appetite bad; and loses flesh. Prefers sago and wine as diet. To have an emollient enema immediately.

14th. Enema operated well; feels better. Slept well. To have an effervescing draught with each pill. Repeat enema occasionally.

15th. Appears improving. Bowels not opened. Enema immediately.

16th. Report favourable.

17th. Bowels well, and naturally opened, without enema. Abscess nearly closed. Wound clean, but pale and flabby; does not heal.

18th and 19th. Report favourable.

20th. Had an attack of diarrhoea yesterday afternoon. Five or six loose stools. Chalk mixture and tincture of opium ordered. Diarrhoea arrested. Omit quinine. Opiate at night.

21st. Two stools. Last night had a severe attack of pain in right hip, to relieve which two doses of opium were prescribed. Large glandular swelling in the right groin discovered this morning. Wound does not close, but looks clean. Urine passes entirely by wound. Anodyne enema, if pain or diarrhoea continue. Muriate of morphia—half a grain at bed-time.

22nd. Much sunk to day. Pulse scarcely perceptible. Tumour in groin large and painful. Had two anodyne glisters last night, since which the bowels have not acted; has slept a good deal, but is roused with difficulty, though seems quite sensible when fairly awakened. Takes wine and water only.

23rd. Passed the day pretty easily yesterday till evening, when he complained much of pain in right leg, which continued till half-past two, a.m., this day, when he expired.

Post-mortem Examination.—February 25th, ten a.m. The body was much wasted; the fulness in right groin had shrunk, and no fluctuation was perceptible in it. It seemed to consist of enlarged glands; the abdominal cavity only was examined. The liver was of natural size, dark coloured, softened in structure, and gorged with blood. The colon was attached to it by loose adhesions. The kidneys were large, pale, and flabby; when cut into they presented a bluish mottled appearance, but no disorganization. The ureters were of natural size. A large tumour occupied the lower part of the pelvis, and was closely attached to the bladder, having the mesentery and some folds of the ileum adhering to its superior and posterior part. It appeared to consist of an agglomerated mass of diseased mesenteric glands. This, with the bladder and rectum, was removed entire from the pelvis. On passing the finger through the incision in the prostate—the extent and direction of which corresponded exactly with the theoretic intentions of this part of the operation—it entered a deep cavity, which felt very irregular and knotty on its surface. The bladder and this cavity were laid open from the prostatic opening through their whole extent. The bladder was small and thickened; the mucus membrane extensively ulcerated, and covered with muco-purulent matter. An opening of considerable extent at the fundus of the bladder communicated with a large glandular abscess. The septum, or wall of separation, was hard, thick, and irregular; the finger would easily pass through the opening of communication. The interior of the abscess had very much the appearance of that of the

bladder, but it was very irregular from the diseased glandular projections which formed its parietes. The incision of the prostate had no appearance of cicatrization. On cutting deeply into the right groin a quantity of reddish pus escaped, which was also felt fluctuating within the pelvis, over the thyroid foramen. The whole of the ramus pubis, from the acetabulum to the symphysis, had disappeared by absorption, or, more properly, suppurative dissolution. All this part contained purulent matter of the description already noticed. The pubis, on the left side of the symphysis, was so softened as to cut easily with the knife, and was saturated with pus. The prostate gland was free from disease; and the only portion of the mucous membrane of the bladder not ulcerated lined a sort of pouch on the right side, in which the stone had been situated, and from which it required to be dislodged by the scoop, during the operation.

A drawing of the diseased parts accompanied this case, and was exhibited to the members.

CASE OF LITHOTOMY FOLLOWED BY AN AFFECTION OF THE LEG CLOSELY RESEMBLING PHELGMASIA DOLENS.

Amram Amos, aged 19, seaman, from Maidstone, in Kent, where he had been accustomed to drink largely of cider. Admitted November 15th, 1838, with stone in the bladder. Has much pain in glans penis after passing urine, and in the pubic region; frequent desire to pass urine. Symptoms commenced about three years ago. On sounding, a stone was distinctly felt. A warm bath, opiate, and purgative, were prescribed, and a soothing treatment pursued till December 4th, when the operation of lithotomy was performed. A stone of the mulberry figure, but yellow colour, weighing five drachms and a half, was soon extracted, and nothing of an untoward character attended the operation; after which an opiate was given. In the evening he complained of some uneasiness in the pubic region, which yielded to fomentations and an opiate. The urine passed freely through the wound, and the pulse was soft and quiet.

7th. Going on well; urine partially passed by urethra.

8th. Had a slight rigor in the night, the urine having accumulated in the bladder; an injection gave relief. Has not slept, and has slight uneasiness in the pubic region. Tongue slightly furred; pulse soft, 96; urine not discharged for some hours; bowels freely opened. An emollient enema to be given, followed by an opiate, if pain should continue.

Evening. Urine not discharged, and very uneasy. On raising his legs a little to pass an elastic catheter, a large gush of urine took place, which afforded great relief. After this he went on well, the urine passing naturally, almost entirely on the 15th (the eleventh day) till the 22nd, when he complained of pain in the left iliac region, which was slightly increased on pressure; the pulse was soft but quickened. Fomentations, with an opiate and aperients, were prescribed. On the following day the pain extended to the left groin. Leeches relieved, but did not quite remove it. The urine continued to pass naturally, and the wound was healing well. On the 24th, some tenderness remaining, leeches and fomentations were again had recourse to.

26th. Pain entirely removed.

27th. Complaints of pain in the left thigh in the course of the great vessels; no pain remaining in groin; in other respects going on well. Leeches and fomentations again employed.

29th. A good deal reduced, but free from complaint, except swelling and pain of the left leg, which much resembles phlegmasia dolens. Fomentations and an anodyne. Stimulating liniment prescribed.

31st. Still complains of the leg, but in all other respects doing well. The final closure of the wound was retarded by the affection of the leg, and requisite treatment; and the leg remained large, stiff, and slightly painful for some weeks, following very much the course of a genuine case of phlegmasia dolens; but towards the end of February a slight stiffness only remained, and on the 27th he was discharged, cured.

CASE OF FEMORAL HERNIA, SHOWING THE DANGER OF BODILY EXERTION AFTER THE OPERATION.

Mrs. Atkinson, aged 64, a very large fat woman, has for many years had a femoral hernia on the right side, from which she has suffered but slight inconvenience. The tumour has never entirely gone away, but when occasionally enlarged to a considerable size, has always subsided on lying down, to that of a pigeon's egg. Has never worn a truss.

May 10th, at 7 p.m., I was requested to visit her in consultation with Mr. Janson, her ordinary surgeon. I found that on the preceding day at about two o'clock, the tumour had become greatly enlarged, as she supposed, in consequence of vomiting induced by a disordered stomach. The vomiting had continued frequent, the matter rejected being of a tenacious character, and of a dark green colour, but without purulent odour. When I visited her the tumour was very large, tense, and tender. The abdomen was also very tender. Pulse 100, soft and compressible. Tongue furred. No remedies had been employed. A common glyster was given, which brought away some faeces from the rectum, but without any relief, the tumour remaining tense, and the vomiting continuing. The circumstances of the case convinced me that no delay in performing the operation ought to take place, and after some persuasion it was consented to. On laying open the sac by a perpendicular incision along the course of the tumour, and careful dissection, it was found to contain a large quantity of omentum and a considerable portion of intestine, which was closely strangulated, and of a dark colour. The extreme fatness of the patient rendered it somewhat difficult to reach the seat of the stricture. Having divided this carefully and freely, the intestine was first returned into the cavity of the abdomen, and subsequently the omentum, which part of the operation required some cautious manipulation.

The wound was drawn together by three sutures, and plasters, compresses, and bandages were applied. Her extreme size rendered it necessary to perform the operation without removing her from bed. An opiate was immediately given, with some sulphate and carbonate of magnesia, to be repeated if necessary; and strict directions were given not to allow her to rise to the night table, or use any avoidable exertion. After the operation she vomited the draught; but when Mr. Janson visited her an hour or two afterwards, he was surprised to find her getting into bed, having been up to

the night table, notwithstanding the cautions which had been given. A small feculent evacuation, slightly tinged with blood, had been passed, but she was much exhausted by the exertion, and did not rally, vomiting having frequently recurred till five a.m., of the 11th, when she expired.

No *post-mortem* examination was allowed, though much urged.

Little doubt can be entertained that this patient's death was hastened, if not occasioned, by the exertion of rising to the night table so soon after the operation.

CASE OF FUNGUS HEMATODES OF THE EYEBALL, WITH CATARACT.

Thomas Dodds, aged 22, coach driver from Durham, applied to me in the spring of 1842, with a dense white-coloured cataract of the left eye. For some weeks past the sight had gradually diminished, and sensibility to light, but no useful vision, remained. The eye was quite free from pain. Belladonna dilated the pupil, exposing the cataract more completely, and increasing the sensibility to light, but without improving the sight.

In consequence of his anxiety to have the sight of the eye restored, I was induced, contrary to my usage in cases of single cataract, to perform an operation, which was done in July, 1842.

On raising the upper eyelid, previous to the operation, some irregular elevations in the upper part of the sclerótica, of a bluish colour, were observed; but though they showed a slight yielding of that membrane, which attracted some notice, I did not consider the appearance sufficient to indicate serious disease of the eyeball. A fine needle was introduced behind the iris, and the lens was freely lacerated, without displacement.

The operation was attended with a discharge of blood within the eye, which soon entirely obscured its contents. Little pain attended the operation. The eye was covered with a wet rag, and lightly bandaged, the usual precautions being taken to prevent inflammation. In a few days the effused blood was absorbed, and after a few weeks the opaque lens had disappeared, except a portion of dense white capsule which remained, covering a part of the pupil. In this state the eye remained sensible to light, but no useful sight was recovered. In a little time the elevation of the sclerótica became more prominent, and the interior of the eye began to exhibit a metallic appearance, as if the light were reflected from a piece of tinfoil. Gradually the projections greatly enlarged, and exhibited a deep red or purple appearance, from innumerable vessels which traversed the surface. Occasional pains were now experienced in the eyeball, which extended to the forehead and temple; but his suffering was never considerable, and his general health remained unaffected.

In the autumn of 1843, I thought it right to make him aware of the nature of the affection, and recommended the removal of the diseased organ. But he did not make up his mind to the operation till April, 1844, when he became a patient at the Infirmary.

May 2nd. The eyeball was extracted in the usual manner. The optic nerve was divided with a pair of bent probe-pointed scissors. The socket was lightly filled with lint and bandaged.

The operation lasted about four minutes, and was

attended with less suffering than he had anticipated. The bleeding was inconsiderable. An opiate was given and he had no unfavourable symptom. The lint was removed from the socket the day after the operation, a healthy suppuration was soon established, which had nearly ceased at the end of three weeks, when he left the Infirmary.

Since then I have seen him occasionally; for some time a slight discharge remained, but he is now perfectly well.

On examining the diseased eye, the interior was found nearly filled with fungoid disease, which had evidently originated from the upper portion, where the sclerotica was first observed protuberant and discoloured at the time of the operation for the dissolution of the cataract. This accounts for the effusion of blood which then took place. The capsule of the lens had shrunk into a small opaque membranous mass, and the small portion of vitreous humour contained in the space unoccupied by the morbid growth, had become perfectly liquid.

In the preparation may be seen the external projections in the upper part of the eyeball, of a deep red colour, and the fungoid mass, nearly filling the cavity of the organ.

The optic nerve seems free from disease.

It may be some apology for my imperfect diagnosis in the early stage of this case, that, a few weeks before the extirpation of the eyeball, the patient had an opportunity of consulting several eminent surgeons at Hospitals and Eye Institutions in London, who seemed by no means agreed as to the true character of the complaint, and one of whom recommended the excision of the anterior part of the eye (as in the operation for staphyloma) as the most judicious method of removing the disease.

The preparation was exhibited to the meeting.

CASE OF PUERPERAL CONVULSIONS.

By JOHN FAIRCLOTH, Esq., Surgeon, Northampton.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7, 1844.)

The subject upon which I am now about to offer a few observations has been of late so much and so ably discussed by various members of our Association, that it is with considerable reluctance I am induced to appear before you; but feeling it a duty, as one of the members of the local council, to contribute my mite of information to the meeting, I thought I could not do better than relate the simple facts of a case which occurred in my own practice, together with the treatment, which ultimately proved so successful.

About twelve months since, between five and six o'clock, a.m., I was summoned to attend Mrs. A—, the wife of a respectable tradesman in this town, the mother of eight children, who was then about 41 years of age, of a robust temperament, and at the time in the eighth month of pregnancy. On my arrival I found her suffering from a most severe attack of puerperal convulsions. Her husband, in answer to my enquiries, stated that the preceding day her mind had been much disturbed by the violent conduct of one of her sons towards her, and that before going to bed she had complained of severe pain in the head, accom-

panied by a sensation of fullness and giddiness. The early part of the night she passed somewhat restlessly, and about four o'clock a.m. he was disturbed by his wife's struggles, and on arousing himself, she appeared to him to be in a fit, which however soon subsided; in about half an hour a second attack came on, which greatly alarmed him, and he immediately gave directions that I should be sent for. On coming to the bed-side, I found her violently convulsed, all her features dreadfully distorted in various ways, frothy matter at the same time exuding from the mouth; the pulse was somewhat slow and labouring, the breathing stentorian, and the pupils contracted; the paroxysm lasted about two or three minutes. On its subsidence, she became somewhat collected, and told me of the great pain she was suffering in her forehead. I also learnt from her that lately the bowels had been much constipated. The intervals between the attacks varied from a quarter to half an hour. I immediately took from sixteen to twenty ounces of blood from the arm; ordered the head to be shaved; applied two dozen leeches to the temples; cold lotion to be constantly used to the scalp. A saline mixture, with two grains of calomel, and the same quantity of compound extract of colocynth was given every three hours, and a brisk cathartic draught taken directly. I then left her for a couple of hours, and on my return found the paroxysms had not abated either in force or frequency. She was also incapable of being roused between the attacks, as heretofore. The pulse still full, the pupils contracted, and the breathing laborious; nor had the bowels yet been acted upon. I considered no time was now to be lost; I, therefore, immediately sent for my cupping instruments, and withdrew about twelve ounces of blood from the nape of the neck, and then applied a blister to the same place, also sinapisms to the calves of the legs. I injected, too, a considerable quantity of warm soap-suds, with castor oil and turpentine, which, after a short time, produced a copious evacuation from the bowels. I ought, before this, to have stated that on my second visit I made an exploration of the uterus per vaginam, but found no dilatation of the os tincæ, nor was there the slightest discharge; the convulsions still kept on unabated, at about the same intervals, and in this state of matters, considering the importance of the case, and the immensely valuable life of my patient, on account of her very large family, I deemed it my duty to recommend a second opinion should be taken, to divide the responsibility with myself; accordingly Dr. Kerr, one of the physicians of this town, was sent for by my desire, and attended almost immediately. Upon a consultation, he entirely and most liberally confirmed all I had done, and we agreed that the only chance to save our poor suffering patient was to cause the uterus to throw off its load. The bowels had again been freely moved, and we determined to wait a short time, as the paroxysms at this stage (two p.m.) were neither so violent nor so frequent: still consciousness was not restored, and during the intermissions she would sit upright in bed, and look wildly around, not knowing what what she either said or did. About four p.m. I was summoned somewhat abruptly, and on my arrival the nurse informed me she accidentally discovered our patient had been unconsciously delivered of a still-born female child. From this time all

convulsive symptoms subsided. The head was still kept cold, by the frequent affusion of cold water from a height, as also by the constant application of the lotion. The calomel was discontinued the following day, and merely an effervescing mixture given, alone, every four hours. On the third day from the attack consciousness partially returned, and on the day following she knew all and everything about her, but had no recollection whatever of anything which had been done for the preceding three days. The bowels were regulated by an occasional dose of blue pill and the compound extract of colocynth; the effervescing saline was also continued with a light nourishing diet. The milk gradually subsided by the usual means, and the patient was perfectly convalescent in about ten days from the attack. She has aborted once since that time, but has never had the slightest indication of a return of her former attack, excepting an occasional headache, which I attribute to stomach derangement, she being of a bilious habit.

Whether *congestion** was the cause of these convulsions, or, as is urged by some, "loss of equilibrium between the arterial and venous blood circulating through the brain,"† or again by its *sympathy*‡ with the nervous system of the uterus, I shall leave others, who have older and wiser heads than myself to determine.

Northampton, July, 1844.

* C. R. Bree, Esq., Provincial Journal, May 1, 1844.

† Dr. North Arnold, Provincial Journal, April 24, 1844.

‡ Dr. North Arnold, Provincial Journal, June 12, 1844.

CASE OF PUERPERAL CONVULSIONS.

By H. DAYMAN, Esq., Milbrook, near Southampton.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

If you are not heartily sick of the subject, allow me to submit to your readers another case of puerperal convulsions, which, at the time, exhibited certain features of interest.

The subject of the present case, a fat plethoric woman of 40, had borne seven children, and all with "good times." Not long since, at the expiration of the eighth utero-gestation, her days being accomplished, I was called on to attend her in her labour. On enquiry no evidence appeared of the commencement of labour; there was uneasiness about the epigastrium, nausea, slight headach, no yielding of the os uteri, pulse 80 and vigorous, tongue moist, œdema of the legs. Nothing however seemed to call for immediate interference. At six in the afternoon, four hours after my first summons, I hastened to her bedside on hearing that she was in strong convulsions, and the usual horrible scene presented itself. She had been convulsed for two hours with scarcely an intermission; on the first cessation therefore of the epileptic paroxysm, sixty drops of Battley's sedative were given, to which succeeded a calm for two hours, accompanied by profound sleep; after this the fit returned with its original violence. I now resolved on blood-letting, and thirty ounces were accordingly taken from the arm, without producing any other

visible effect on the system than the restoration of tranquillity; an hour after the bleeding, labour began, and within three hours a dead child was expelled, without the knowledge of the mother; from this time up to seven o'clock on the following morning, she lay in a dull comatose state; a slight convulsion then came on; ordered thirty drops of Battley's sedative. In an hour consciousness returned, and at ten she could sit up and converse. Urine *not* albuminous. The tongue being frightfully swelled, and deglutition difficult, two drops of croton oil were given; the bowels acted after some hours, and with the occasional use of castor oil, she rapidly recovered.

The mass of practical men will probably ascribe the success of the foregoing treatment to the "heroic" bleeding; at the same time I, who saw these terrible things, "et quorum pars magna fui," cannot refuse to the opium a share in the victory. Without entering into any special pleading on the merits of reflex or sympathetic theories, I shall be content to call attention to the efficacy of opium in certain anomalous puerperal states, well known to obstetricians, and its power in nervous, and some acute cerebral affections,* and to attribute much of the therapeutic effects above related, to the subjugation of nervous irritability, before that direct relief was given to the circulation.

The subject under consideration has been one of warm controversy, and while openly seeking information myself, and acknowledging the necessity of candour and plain speaking, in medical matters, I am yet reminded of Horace's significant allusion.

"Sed tacitus pasci si posset convus, haberet
Plus dapis, et rixæ multo minus invidiæque."

I am, Sir, your obedient servant,

HENRY DAYMAN.

Milbrook, near Southampton,

August 7, 1844.

* See the history of an epidemic Meningitis, at Strasbourg, related by M. Forget in the Gazette Medicale de Paris, 1840-41.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, AUGUST 28, 1844.

It is now some years since that the present head of her Majesty's Government, then holding the same office which is now filled by Sir James Graham, introduced certain measures into the House of Commons for the reform of portions of our system of jurisprudence. These measures were to have been followed by others, and had the Right Honourable Gentleman at that time continued to administer the duties of the Home Office, there is reason to believe that many wholesome improvements in various parts of our legal code, and in the methods of conducting legal proceedings, might have been enacted. We do not, however,

find the Home Secretary of that day prefacing the introduction of his measures after a manner at all resembling the recent exhibition of the Home Secretary of the present; and we must do Sir James Graham the justice, to acknowledge that in his efforts at concocting a scheme of reform of his own, in relation to another profession, a degree of originality is shown which relieves him at once from every imputation of adopting the plans of preceding legislators, or from the humiliating charge of following the leadings of any other official. "It was not his intention to attempt to suppress quackery, by introducing new statutes. Quackery could not be put down in that manner. The only legitimate mode of putting an end to this illicit description of practice was by the legislature offering direct encouragement to all qualified and accomplished practitioners." Such is Sir James Graham's method of checking and disposing of practices which he acknowledges to be illicit, and which the courts of law have, in many instances, characterized as homicidal. Happy is it for the country at large that he has not in his wisdom as yet taken upon him to regulate the whole criminal code after a similar fashion; and sincerely do we trust, that before he may have the opportunity of doing so afforded to him, the Right Hon. Baronet may reap the reward of his official labours by some snug Government or other appointment, in which his talents may be called for in another direction, or where they are less likely to be exercised injuriously. Were the Right Hon. Baronet so to interfere in the criminal code as to introduce a bill for the protection of life and property, would he say that swindling, theft, and other descriptions of robbery, could not be put down by law, and that the only legitimate mode of putting an end to their illicit practices, would be by the legislature offering direct encouragement to all honest and well-disposed persons? And yet the offence against the person in the one instance is scarcely greater than in the other. The obtaining of money by violence or fraud from the weak, the unprotected, and the ignorant, is looked upon as a crime by the laws of the land; and the fraud practised by the quack upon the pockets of his victim, willing, it is true, but willing only from their being deceived, is scarcely rendered less criminal, because it is accompanied also by the endangering of his life or

health. We declare that, in making these remarks, we are altogether uninfluenced by the prospect of any advantage, real or supposed, which the medical profession might be thought to derive from the suppression of empiricism. It is a regard for the well-being of that large and important portion of the population, who, in this respect, know not, and cannot know, how to eschew the evil and select the good, which alone impels us to protest against the doctrine of non-interference here set up. Free trade in medicine is free trade in human life and health; and to entrust the care of the flock to the tender mercies of the wolf, on the principles of non-interference, would be little less unwise than to allow the avowed and unblushing empiric who acknowledges, and even glories in his infamy, to continue unchecked this species of contraband trading in the lives of his fellow-creatures. The other portions of Sir J. Graham's measure bear only indirectly on the general good, but the open encouragement to this medicinal swindling which it affords is a flagrant and direct violation of every principle of good government, and evinces almost entire disregard for the welfare of those for whose benefit all government is especially intended. The legitimate use of prohibitory and penal enactments is the protection of the subject and the prevention of crime. It is admitted that quackery is an evil,—an "illicit description of practice,"—an act of fraud,—in other words, a crime against the property, if not against the person; and yet no prohibition against this practice is to be enacted, because, forsooth, "in the act of being cheated the person imposed upon often feels a great pleasure." We put the rights and interests of medical practitioners entirely out of the question, and we contend that for the protection of the subject, who is disqualified through ignorance from protecting himself, and for the general prevention of a fraud accompanied by a crime against the person, and the due warning of those who are disposed to perpetrate it, prohibitory and penal enactments against the practice of quackery, and the person of the quack, are called for.

AN APPEAL TO THE MEDICAL PROFESSION ON BEHALF OF MR. MARTIN'S PHILANTHROPIC PROJECT OF ESTABLISHING A SCHOOL FOR THE SONS OF MEDICAL MEN.

GENTLEMEN,

You will, before this appeal reaches you, be in possession of the project of Mr. Martin, of Reigate, for the establishment of a school for the education of the sons of medical men.

The proposal was received at the anniversary of the Provincial Medical Association, held at Northampton, with such enthusiasm, that if that spirit be carried out into its further details, I cannot question but one of the noblest institutions will be founded, with which this or any other country has yet been acquainted.

It is probable, however, that some months may elapse before the general and particular outlines of this admirable scheme can be laid before the medical public; I trust, therefore, that I may be pardoned if I presume in the interim, to urge the consideration of it strongly upon my medical brethren, and I thus early address them on the value and importance of the project.

It is not needful, I am sure, to dilate at any length on the value of a solid basis, upon which to rear the superstructure of future consequence. Unless the foundation of education be well laid, and a pure immovable rock be found, it will be useless to expect a lasting structure, for every puff of passion or folly will blow it away. It is therefore necessary that early principles and early precepts should be engrafted into the minds of our children, if we desire for them the advantages of moral excellence and of general worth, and it is essential, in a professional point of view, that such a foundation of general and classical knowledge, should be betowed upon them, without which they can never arrive at eminence, or rank as proficient, in the medical art.

I think it will not be gainsayed, that many amongst us, who are now advancing in the career of life, have looked back with painful regret on their early days, and have deeply lamented, that either carelessness on the one hand, or stern necessity on the other, have abridged them of those qualifications, which, had they more fully possessed, would have increased their measure of usefulness tenfold.

For my own part, I can say with great truthfulness, that had my own education been placed upon a broader basis—had the trenches for the foundation been cut with more accuracy—had the soil which occasionally chokes the work, and which is wholly superfluous, been carried away—had the rock of solid principle been laid bare, and the corner stone of the building well secured, I should have been a much more valuable man than I ever shall be now.

Gentlemen, it is the conviction of our own deficiencies which gives an impetus to our desire, that those dear pledges of affection which a kind Providence has bestowed upon us, should be placed in a position where they will not lack for want of knowledge.

The powers of the human mind are illimitable; there can be no bound to its capabilities for receiving wisdom; and assuredly it is the duty, as well as the business of life, to render perfect, as far as human per-

fectibility can go, limited only by Time and decay, that peculiar attribute which our Divine Creator has bestowed. And there is ample food in this wide world, where the soul may revel in ecstasy in its ardent thirstings after knowledge, for did there ever live the man who went out of it fully saturated with all the wisdom he was capable of receiving?

Sin and evil are the admitted results of ignorance, or at any rate, the results of a want of solid principle of action, which, after all, is only to be understood and appreciated by knowledge.

The first effort of a thoughtful mind is to ask, "Why and wherefore am I here? By whom created? and for what object? Is it to eat, drink, and die? If so, then I am, but as the 'beast that perisheth,' and no more." However, but a small step in the scale of intelligence, puts him in the possession of a fact, which proves the distinctness of his nature and his character. He finds that he is capable of a species of contemplation altogether distinct and different from the simple manifestations of his fellow-tenants of the earth. He can carry the range of his thoughts far beyond the boundary of his earthly position; can view the heavens studded with their myriads of worlds, and calculate on their evolutions and their changes; he can weigh the air in a balance, separate its integers, and judge of its proportions; he can strike the solid earth, and expound its geological characteristics; he can mark the winds in their progress, and tell with unerring precision the fall and the rise of waters; he can catch the sunbeam in the hollow of his hand, and direct the lurid lightning in its fearful and appalling course. In short, he can contemplate the whole range of nature and glory in the splendour and magnificence of its creation. But he can do more—he can speculate upon the character and attributes of the Being who made him, and form conceptions of HIS might and majesty. He can even open the store-house of the Divine mind, and feel his spirit warmed with hope and expectation that a period will yet come, when, freed from the encumbrances of the body, he may rise a depurated and ethereal essence, to mingle amongst the glories of an eternal presence. This bright and beautiful prospect brings me to the corner-stone of true education.

If we examine with attention the writings of those philosophers who were distinguished in the early bud-dings of society; if we take the stoic or the peripatetic, Epictetus or Socrates, however we may be disposed to applaud their systems of moral duty, reared amidst the filth and folly of an absurd polytheism we shall be compelled to admit they are too loose, and in many instances too lewd, for adoption, as a code of laws. And why are they so? Because the pivot upon which they turn has no foundation upon the only rock capable of sustaining it. If moral duty is to turn upon human speculation; if principles of action are to come to us only from the deductions of philosophic fitness, the changeable and erring nature of the source will necessarily render them unstable and uncertain. Happily we have a better standard, a fountain so pure that it has no alloy, a rock so firm that it cannot move, a base so fixed and immutable that the fulcrum of Archimedes, with all the standing room he can desire, can neither turn it to the right hand nor to the left. It is that beautiful foundation of all religion, of all morals, of all excellence—THE LOVE OF GOD. It was

this principle fixed in the heart of a Hebrew boy, which made him utter when in the furnace of temptation, "How can I do this great evil in the sight of God?" And is it not true, that when this condition of the mind takes full possession of us, the approximation of vice is as a viper in our path?

But to arrive at so desirable a state requires a high condition of mental cultivation, and rigid discipline, in a world lying in wickedness. I do not question but amongst the lowly and the illiterate, solid principles are engrafted, which render them worthy and excellent people; but alas! if we place the proportion of these with others in the same condition of ignorance, we shall find a fearful and appalling number, who have neither compass nor rudder to guide them safely over the shoals and depths of human existence. I hesitate not to quote the language of holy writ and say—"The soul without knowledge is not good." Let us then take for granted this splendid proposition, viz.—If the soul without knowledge is evil, the soul with knowledge is good, and then it will become a question, how is this knowledge to be obtained? Common education is a very expensive thing, but education which embodies in it a range of mental, moral, and physical discipline, where the object is to give a religious bias, combined with a high state of intellectual cultivation, is scarcely to be obtained by the great mass of general practitioners in this country.

It has been felt, I am sure, by numbers of my hard working brethren, whose locality is uncongenial to the acquirement of wealth, many of whom may perhaps be doing me the honour of reading this article, that in their struggles to maintain independence, they have found it difficult to acquire the common wants of life. I doubt not they have experienced painful emotions when debarred by this stern necessity, from giving that education to their children, which, as affectionate parents, was near and dear to them. Nay, I will go further;—they have looked upon the growing intelligence of their offspring as they would upon a tree in their garden, running wild for the want of the pruner, and in the bitterness of their reflections have mourned in secret, that the blossom and the fruit were perishing.

It would be no exaggerated picture were I to delineate hundreds and hundreds of general practitioners who are in this condition; and when it is reflected that men estimate medicine, and pay for it too, not according to the effect produced, or the value received, but in proportion to its bulk and quantity, as they would were they ordering from a grocer or a tallow-chandler, such a state of poverty and misery is not to be wondered at. But I may add that medical men, instead of being a raised, have been a depressed race. They are considered necessary evils, and have furnished to the witty, subjects for their gibes, and materials for their shafts of ridicule and folly; and to pay them for their services is always a secondary consideration. Nor is it confined to individuals, but it has become a national fault. Depreciation is the order of the day. Witness the cruel attack made by the original Poor-law Commissioners, in their first report, as to the sordid and venal propensities of medical men; propensities which probably existed in a few solitary instances, but ought not to have been applied to the general body; for where can we find a profession exempt from the enrolment of bad men? Nor is this degradation confined to the

moral attributes of our members. Under false notions of economy, the profession has long suffered by inadequate remuneration for pauper patients; their labours have been increased, but their pay diminished; onerous duties have been imposed upon them, not known under the old Poor-law, such as furnishing weekly accounts of paupers, making nosological arrangements of their diseases, describing the frequency of visits, and multitudes of other et ceteras, which almost demand a clerk to keep in regular order. Such is the state of things. God grant it a speedy amendment! Yet the evil is, that men who live in rural districts, and whose sphere is necessarily limited by a scanty and poor population, find at the end of the year their little income swallowed up to pay for absolute necessities, and the education of their children has thus become a moral impossibility. I can picture to myself a noble-minded character, full of the milk of human kindness, overflowing with the flood of natural love and affection, folding to his bosom the darling objects of his daily and his nightly thoughts, and in the bitter agony of his spirit, saying to his children—"Go, get ye into the cold and cheerless world—dark and benighted beings as ye are,—your souls are without light, for I have not wherewithal to purchase it; your minds are a blank, for the scroll of knowledge cannot be written upon it, as gold is the only instrument by which it can be inscribed."

If it be thought I have used my pencil too freely, and heightened my tints beyond the colouring of nature, I will only say, go into the provinces, into the cities, and into the villages, and I will stake my reputation for veracity, that there will be many examples of the faithfulness of the portrait. But let us look to the remedy. What shall we say of that noble-minded individual, who, in the plenitude of his benevolence, in the fulness of his philanthropy—having doubtless witnessed the truthfulness of my statement—projects a scheme to overcome, or mitigate at least, this great and crying evil? Truly, every heart must hail him as a deliverer, and every bosom that has but one particle of human love, must expand with delight.

Mr. Martin has proposed to establish in the country a school for the education of the sons of medical men, at a cheap rate. He embodies in his plan all that is necessary for the education of a gentleman, and does not confine it simply to those children only who may be designed for the profession, but for others of the family who may choose other callings.

I cannot but think but the mere mention of such a project will find a ready echo in the bosoms, both of the rich and the poor of our profession, and that those who may not design to reap advantage themselves, will come forward with alacrity, and assist in the great work.

Nay, I appeal to them by the love they bear their own offspring; by the respect they entertain for their professional avocation, and for its future advancement; by all the ties of brotherly affection, which if it never has existed, should now exist, and be openly declared; and lastly by the holiest of all principles, their charity, that "which suffereth long and is kind," and that, without which, as the prophet declares, "though their bodies were burned, it profiteth nothing," then charity in its best, in its holiest acceptance—love to one another.

Lastly, let the prayers of all good men be offered to Almighty God for HIS blessing and guidance in the final accomplishment of this magnificent project.

I submit to Mr. Martin and others, the following suggestions for the furtherance of the object:—

1st. To send an official letter to the Secretaries of the Clerical School, and also to the one established for the education of the sons of gentlemen of the Navy, requesting them, with a view to the formation of a kindred institute, for the sons of medical men, to supply copies of the rules, regulations, and plans adopted; also with the results of their experience as a guide to our starting.

2nd. That as soon as the probable expence per annum for each pupil can be ascertained, a circular be issued to each member of the Association, calling attention to the scheme, and requesting each member to make the matter known to their friends in the profession. Also further requesting to forward to the Provisional Committee the names of any children which may be proposed as pupils.

3rd. When this is done, the committee will be in a fair position to report the feeling of the profession on the subject, and active measures may then be taken for the establishment of the proposed institute.

4th. That each member be also requested to submit the locality of any building that may seem suited to the purpose; that such building must be approached pretty closely by some of the principal rail-roads which intersect the country; and that the building be such an one as may be capable of future enlargement.

5th. That, in all cases where the number of applications shall exceed the proposed number of admissions, preference will be given to the children of members of the Provincial Medical and Surgical Association. I might add more, but there are doubtless wiser heads than mine capable of bringing this admirable project to maturity, and all I will say in conclusion is—God speed it.

I have the honour to be, Gentlemen,

Your obedient servant,

EDWARD DANIELL.

Newport Pagnel, August 10, 1844.

EFFECTS OF MALARIA UPON TEETOTALLERS.

By EDWIN MORRIS, Esq., Surgeon to the Dispensary,
Spalding, Lincolnshire.

When a man publishes to the world particular views of his own respecting a given subject, it is a duty he owes, when called upon, to state the facts from which he concludes that his opinion is superior or better than another's; if he fails to do this, the public will at once know what value to set upon the statement he has made, and will receive it with distrust; but when he has well considered the matter, and carefully analysed it prior to its publication, he fears not the taunts of the sceptical, or the bitter sarcasm of the reviewer; but will willingly point out to the disbelievers the facts which cause him to differ from themselves, and that there is no fallacy in the statement he has made. In a prior paper published in this Journal, I stated that malaria had a most powerful effect upon parties who abstained totally from stimulants. It has a very de-

pressing effect upon those who live well, and are of a full habit of body: it is not to be wondered at, therefore, that it should have a more injurious effect upon those who are essentially the reverse. I wish the observations I have made to be confined to the fenny districts of Lincolnshire, where malaria is so very prevalent. I came to the conclusion that teetotallers were more liable to be effected by malaria, from the repeated observation of the fact; and I contend it is from this alone, that we can come to any conclusive reasoning; that it has a more serious effect upon them is undeniable, and that it is also more liable in them to become typhus is equally as decided. This never was doubted by parties resident in these fenny districts, and who are fully acquainted with malaria in all its forms, and who are consequently quite capable of giving an opinion upon the subject; but there are gentlemen who reside in the healthier localities of England, where malaria is unknown, who are inclined to question the veracity of the statement I have made, and deny it altogether. Now if they would but take the trouble to visit our marshes, I would undertake to show to them a disease peculiar to this neighbourhood, and of which they are quite ignorant; and I would also point out to them the serious effect it has upon the population, and the horrible havoc it makes amongst the total abstinence party; but as this is impracticable I will relate a few cases to support my proposition.

John C., aged 22, a pledge-teetotalter, applied for medical aid, September 20th, 1843; he says he has been poorly for several weeks, has felt very weak, and has scarcely been able to walk about; complains of a bitter taste in the mouth, has a white and moist tongue, his countenance has a yellow cadaverous appearance, and for some time past his appetite has failed him; a purgative was given and afterwards a stimulant; two days afterwards typhoid symptoms came on, which raged with unmitigated violence until the 22nd of September, when he suddenly became comatose, and died.

John —, a groom, aged 24 years, has also taken the pledge; he has been in a debilitated state for weeks; he says this was not the case prior to his taking the pledge; he has great difficulty in attending to his work. I recommended him to take a little ale daily, but this he refuses to do; he thinks that if he has a little medicine he shall soon be better; a week elapsed before I heard from him again, when I was requested to visit him; I found him suffering from typhus; a few days afterwards he also became comatose, and died. I had an opportunity of examining this person after death; a great quantity of serum was contained in the ventricles of the brain.

Last summer, three Irishmen, who had come into the fens for the harvest, came to me for advice; they were suffering from malaria; they were teetotalters, and faithful to their pledge. I told them that unless they took better support, they would certainly have an attack of fever; as a medicinal agent, therefore, they took two pints of ale daily; in about ten days they were restored to their usual good health, and were fully satisfied that the fens of Lincolnshire was not the place for teetotalters to dwell in. The above are selected from cases which have come under my care. I have also made enquiry amongst my medical friends,

who all tell me that they themselves have observed the same facts, and fully agree with me in the remarks I have before stated on this subject.

I think the above cases are quite sufficient to convince all parties of the truth of my previous observations, and that they were not hypothetical. I am therefore inclined, and justified in coming to the conclusion, that persons who reside in these marshy districts, should not totally abstain from stimulants, for by so doing they render themselves more liable to an attack of fever, and greatly endanger their lives. I must confess that I am surprised that men of deserved eminence in our profession should step forward and totally condemn stimulants; why they do it, I know not, nor, I believe, do they; stimulants have been recommended in moderation from time immemorial. I would ask the question, what would the physician do without a stimulant? To wish totally to suppress the use of it because a few have suffered, is, I imagine, bad policy. Rather let each of us strive to impress upon the minds of all the beneficial effects of its moderate use, and its ruinous effects when taken in excess. Let us hear what a learned writer in the *Medical Times* says:—"If persons in such climates (*i.e.* hot climates) drink wine, spirits, or malt liquors, there is an excess of function in the whole nervous system incompatible with health, and the person soon wears out. But if, on the contrary, the air be damp and stagnant, and the soil level, the respiratory function is worse performed; there, the air doing less, the food is required to do more, and the stomach and digestive organs not being able to digest the food in sufficient quantity to supply the nerves, the latter are *empty and craving*, though the former is full. Here we have the strange phenomenon of a person eating heartily, perhaps too heartily, and still craving more; such a person complains of a "sinking" of the stomach, and is always relieved by good wine and brandy; provided that the digestive organs, and the liver in particular, are not previously injured by their use, this will be desired by all those who [are influenced by 'total abstinence' doctrines, because, until very recently, we have been in the habit of viewing all food for one use only—namely, nutrition, overlooking in our philosophy the other great function in the animal machine—namely, the generation of the galvanoid force, which is to the body what steam is to the ship, or what gravity is to the earth as a planet." Now, there is some good sound reasoning in the above remarks. I hold the man that cannot reason to be a fool; he that will not is a bigot; and he that dare not is a slave. I am most desirous that my observations should not be misunderstood, or that any wrong interpretation should be given. For a long time I have paid particular attention to malarious diseases. I ascertained that malaria had a peculiar effect upon the population, and that it was more destructive amongst a class of people called teetotallers. I published the result of my observations, but not with the view of annoying, or with any vindictive feeling towards, the teetotallers, but with the idea that, if my statement was confirmed by the experience of others, it would put parties in possession of a fact, that would make them hesitate before they adopted or recommended any dietetic rules, which would be prejudicial to health. No one can doubt for a moment the good effects, morally speaking, of teetotalism;

but if we find that it does in any way exert a baneful effect in certain localities, founded upon pathological facts, we should not hesitate to speak out, even if it retard for a time its progress in the higher and healthier districts of England.

Spalding, July 30th, 1844.

CASE OF VACCINIA AND VARIOLA OCCURRING TOGETHER, THE VARIOLA NOT MODIFIED.

By F. W. PITROCK, Esq., Sellenge, near Ashford.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 7, 1844.

May 2nd, 1844. A. P., aged one month, was vaccinated in both arms.

May 8th. I examined the vesicles, and from their being in a forward state, I punctured one of them, and obtained an abundant supply of fluid lymph, with which I vaccinated six children on that day.

May 9th. Early in the morning, the child was attacked with violent febrile symptoms, the countenance became flushed and anxious, the breathing quick and hurried. In the evening vomiting ensued.

May 10th. The chest and body were suffused with an intense redness, which in the evening seemed converted into innumerable papule; the mucous membrane of the fauces and throat was also as thickly studded.

May 11th. The papule were more prominent; in some parts they were well defined vesicles, in other parts they were conglomerated together. The constitutional symptoms increased in severity, and the child died on the 12th of May.

Under the same roof, but in quite a distinct dwelling, at the time I vaccinated this infant, there was a case of small-pox, and the young woman, the subject of it, had nursed the child, (a circumstance I had not been aware of) previous to its being vaccinated. If I had waited my usual time, namely, until the same day of the following week, before I took lymph from the child, I should then have been aware of the suspicious symptoms which developed themselves, and should not have vaccinated from it. I afterwards reproached myself for not having been on my guard with respect to the particular circumstance of the vaccine vesicles, not being, as they usually are on the 6th day, small and imperfect, but on the contrary, being full and prominent, and giving almost a forced appearance, with the characteristic marks of the 7th day; the mother herself remarking how well her child had taken. Immediately the varioloid symptoms commenced, the vaccine vesicles appeared to recede, and the lymph to be absorbed; a distinct zone of healthy skin, for the space of a fourth of an inch, surrounding the vesicles over which the variola did not spread. I naturally felt somewhat anxious to know the result of the cases vaccinated from the child that died, nothing however particular occurred excepting that the children had febrile symptoms of a character more severe than ordinarily attends vaccinia, but still none decidedly varioloid, and the vesicles were all strongly developed, but passed through their usual stages well.

Upon examining the vesicles on the 8th of May, I did not suspect variola could possibly make its appearance, particularly as there was total absence of

symptoms, and I did not hesitate to state, that although small pox was so very near, I did not apprehend the child would have it. The result shows I prognosticated wrong. It is evident that variola was in the system when I vaccinated the infant; and if I may venture to say so, through its agency, was vaccinia thus forced onwards and so strongly developed, as I have previously described, whilst its own peculiar symptoms were thus temporarily arrested, or that it suddenly developed itself on the 9th of May, and ran its hurried and rapid course to the 12th, when the child died. It may not be out of place to mention, that in a dwelling between the two cases of small pox, there were a mother and child who had never been vaccinated, until the day I vaccinated A. P.; these passed through the stages of vaccinia well, and had no small pox. Whilst narrating the particulars of a case, rather tending to throw discredit upon the prophylactic powers of vaccinia, I call to mind a circumstance which happened about two years ago, and which perhaps is not unworthy of notice. Late in the evening I was summoned to see a child very ill; it had been so some days; an eruption was now appearing which I recognised to be of the varioloid character; five other children lived under the same roof; there were no separate dwellings; all being well, I vaccinated them that night, and they all fortunately passed through the stages well, and escaped the small pox. The child with variola only came to the house three days previous to my seeing it, and died on the ninth day after the eruption appeared.

RETRASPECT.

CAUTERIZATION BY MEANS OF A RED-HOT IRON IN THE TREATMENT OF ULCERATIONS AND ENGORGEMENTS OF THE NECK OF THE UTERUS.

At the suggestion of M. Jobert, one of the surgeons to the Hospital at St. Louis, M. Laurès has produced a work on this subject. The former has for many years occasionally substituted, with the most remarkable success, the red-hot iron, in place of the various caustics employed in the treatment of uterine affections. The latter renders a service to the profession by pointing out the rules to be observed in order, by similar means, to obtain similar results.

The cauterization is made by a rod of iron introduced through an ivory speculum, that substance being a bad conductor of heat. The iron should be heated to whiteness to prevent it adhering to the part it touches.

If the vagina escapes, no pain of the uterine neck is produced at the moment, nor do any symptoms of reaction take place; menstruation is not affected by it, although in some cases the application has been made near the catamenial period.

This medication is particularly applicable, *videlicet* 1st. To deep, exuberant, fungous ulcerations, complicated by hæmorrhage, simple hypertrophy, engorgement, with softening, or induration.

2nd. To hypertrophy, with uterine catarrh, but without ulcerations.

3rd. To ulcerations, accompanied by a softening of the tissue of the uterine neck, which bleeds under the influence of the least pressure.

4th. To severe neuralgic affections of the neck.

5th. To ulcerations of a malignant nature, for which amputation has been recommended.

M. Jobert has been successful with the red-hot iron in cases of this nature, where the patient has submitted to two excisions.—*Gazette Medicale de Paris*.

THE USE OF MUSTARD IN THE CONVULSIONS OF CHILDREN.

Dr. Tripler recommends the employment of mustard in this formidable disease. He had an obstinate case, from teething, in which everything was tried that he could think of without success; as neither antimony, sulphate of zinc, sulphate of copper, ipecacuanha, nor any other emetic usually given, seemed to make any impression upon the stomach, he thought he would try mustard with a view to its emetic effects. In a few minutes it arrested a fearful attack of convulsions that had lasted five hours; and that too, without vomiting the patient for some time afterwards. He has since had three more cases, all in the course of a fortnight. With the first he tried the usual remedies, and also made an ineffectual attempt at venesection. He then gave a dose of mustard, and the patient was relieved in five minutes. With the other cases he used the mustard at once, and successfully. Its efficacy seems to have no relation to its emetic properties; for its sensible effect in these cases, is as frequently to purge as to vomit.—*Ferry's New York Journal of Medicine*.

THE DIFFICULTIES OF THE DIAGNOSIS OF BILIARY CALCULI.

Dr. Fauconneau Dufresne closes some researches of real practical utility by the three following propositions.

1st. *Calculi do not always manifest sufficient symptoms to enable us to be confident of their existence.* It is very certain even that the cases in which the symptoms are sufficient to characterize the disease, are extremely rare; for the special symptoms only show themselves in the cases where the concretions attain a considerable size, and cause a marked difficulty in the secretion or excretion of the biliary fluid; and again: it is extremely rare that we can affirm that the presence of calculi is the real cause of these symptoms. The only cases in which we can prove their existence are where these calculi are voided in the evacuations, or have become so large, that we are able when they occupy the gall bladder to recognize them by the touch, or even by hearing, which very rarely happens.

2nd. *The calculi may simulate another disease.* The cases of this kind are, as regards the general number of biliary concretions, very numerous. However, it is advisable to recollect that it is with chronic affections of the stomach, and especially cancer of this organ, that the symptoms caused by the presence of biliary calculi have been most frequently confounded.

3rd. *Another disease may simulate biliary calculi.* A thickened and degenerated state of the bile, with small fatty concretions, in passing through the biliary ducts, may give rise to symptoms analogous to those of calculi; nervous and colicky pains may also cause the same error.—*Gazette Medicale de Paris*.

PROPHYLACTIC REMEDY AGAINST PTYALISM.

Dr. Schoepf, Professor at the University of Perth, recommends the following tooth-powder, during the

administration of mercury, in order to prevent the occurrence of salivation:—Dried alum, powdered, two scruples; powder of cinchona, one ounce; to be used by means of a soft brush morning and evening.—*Medical Times.*

SPONTANEOUS RUPTURE OF THE SPLEEN.

The spontaneous rupture of the spleen is a very rare accident, notwithstanding the frequency of the lesions with which this organ is affected in the course of different diseases. A fact of this kind, observed by Dr. Vigla, in a case of typhus fever, led him to think of collecting analogous facts already known, and to examine if there was any connection between them which might throw some light on the mode of production, or on some other point of view, of this lesion. Rejecting forthwith from a number of these cases those in which the rupture was the result of mechanical causes, he has only been able to collect seventeen where it was really spontaneous; and he divides them into two groups, of which the first comprises those occurring in subjects affected with intermittent fever; and the second, those observed under other conditions. In the former there are eight cases, the most important of which have been published by Bailly, in his "Treatise on Intermittent Fevers." The latter includes nine, some of which, borrowed from ancient authors, present too little detail to enable us to exactly recognize the cause of the accident; one only was observed in a case of typhus fever, and a post-mortem examination revealed nothing very abnormal, with the exception of this rupture. The following are the conclusions which Dr. Vigla has drawn:—

1st. Spontaneous rupture of the spleen is commonly preceded by a morbid, congested, inflammatory, or hypertrophied state of that organ, and this rupture is the consequence, and one of its modes of termination.

2nd. The symptoms most frequently observed are pain over the spleen, distension of the abdomen, sometimes nausea, and even vomiting; constipation, frequency and smallness of the pulse, fainting, the intellect often remaining unimpaired up to the last moment, notwithstanding the most intense anxiety and suffering, though in this respect there is great variety and difference.

3rd. Death has been hitherto the common, and usually speedy termination, the period varying from a few hours to six days.

4th. The form of the rent is linear, angular, or curved. The quantity of effused blood is usually very profuse, part being coagulated, the rest fluid. This accident is not followed by peritonitis.

5th. Rupture of the spleen is difficult to recognize. It is easy to confound its symptoms with those resulting from perforation of the digestive tube, and bursting of a large abdominal vessel. It presents also numerous analogies with circumscribed or general peritonitis, or even with pleurisy, pericarditis, and pleuro-pneumonia.

6th. The treatment should consist in the employment of styptics and opium in large doses.—*Gazette Medicale de Paris.*

ANEURISMAL TUMOUR OF THE CALF OF THE LEG FROM A WOUND, CURED BY LIGATURE OF THE FEMORAL ARTERY.

A shoemaker, 25 years old, received a wound on the outer side of the calf of his right leg, four fingers'

breadth below the bend of the knee, from the sharp point of a knife penetrating in that situation. The wound healed in a few days, and for four or five months the patient went about his occupations as usual; but on account of a fresh accident, pain was experienced, and an aneurismal swelling became evident, which increased with surprising rapidity, so that in less than two months it spread over the whole calf of the leg, rendering all the limb below œdematous. In this state the patient sought the advice of different practitioners, and amongst other improper applications he applied more than one blister. At length he presented himself at the hospital much reduced and cachectic. The tumour now scarcely presented a distinct pulsation, but the history and present appearances sufficiently explained its nature. The surgeon in charge of the patient, Signor G. Palma, could not satisfy himself as to whether the anterior or posterior tibial artery had been wounded, which was felt a bar to his operating in the seat of the aneurism; and knowing the practice of Dupuytren, (whom he quotes as the Ambrose Parey of the age) to have been favourable for the practice he proposed to adopt, and which several of his countrymen had successfully followed, he put a ligature upon the femoral artery in front of the thigh, a single ligature close upon the coats of the artery, having freed it from all the surrounding textures, according to the best rules of our art. The tumour diminished greatly in size; in fifteen or twenty days all œdema of the foot and leg had dispersed, and after a few weeks, the patient was discharged cured, save only a little stiffness of the knee joint.—*Annali Clinici-degl' Incurabili.*

SUBCUTANEOUS REMOVAL OF THE LOWER JAW FOR OSTEO-SARCOMA.

The subject of this operation was the mother of three children, and the disease occupied the right half of the horizontal, and part of the ascending portions of the lower jaw, having commenced in the bony structure, and grown to the size of a man's fist. The tumour was circumscribed, and occupied the lower jaw from the first incisor tooth, to near the neck, or narrowing of the ascending ramus of the affected side, approximating the condyle. Neither the horizontal incision through the integuments, as practised by Mott, nor the oblique of Graefe, the quadrangular of Lungenbeck, the elliptical of Lyne, nor the complicated of Cusack, seemed suited to the case in the view of Signorini, the operator, who conceived the plan of proceeding without interrupting the continuity of the skin, or making any external wound, by conducting the whole of the operation in the interior of the mouth. The great point towards effecting this object consisted in the means for dividing the bone in the two places required, which was accomplished by means of cutting pincers or forceps. This was the second part of the process, the first consisting in the necessary steps for insulating the tumour, and the third in its removal through the mouth, which was not accomplished till the tumour was divided into two equal parts. The case however was successful, and we have only to suggest that, where a similar operation shall be undertaken, to remove an osteo-sarcoma with the least possible interference with the integuments, an incision in the median line of the lower lip, which will subsequently be no disfigurement, and is attended by

no inconvenience nor danger, would very much facilitate the business, and obviate the inconvenience of having to bisect the tumour before its complete removal.—*Bulletino delle Scienze Mediche di Bologna.*

CASE OF INVERSION OF THE UTERUS, IN WHICH REPOSITION WAS EFFECTED ON THE TENTH DAY.

By JOSEPH P. GAZZAM, M.D.

Mrs. N., of Allegheny, was delivered on November 3rd, 1843, of her sixth child, after an easy and rather rapid labour. The attending accoucheur made moderate traction by the funis soon after the birth of the child, and supposed the placenta had been cast off, as it descended readily. To his great surprise, however, he found that the placenta had come down, not out of, but with, the uterus; and that this organ was completely inverted, with the placenta still attached to its fundus. The doctor immediately peeled off the placenta, and attempted the replacement of the uterus, but failing in this, he passed it up into the vagina, and there left it. Next day the uterus again protruded beyond the os externum, and again it was tucked up. Meanwhile, symptoms of mental disturbance were gradually developed, and by the fourth day the patient was decidedly maniacal.

On the 10th of November I was requested to visit the case, and found the patient with a pulse of 120; hot dry skin; sleepless since delivery; taciturn, and unwilling to show her tongue, or reply to any question. Owing to some misapprehension on my part of the attending physician's report of the case, I did not make an examination per vaginam, for I understood the doctor as having said that he had replaced the uterus. A prescription was therefore made with reference to the general symptoms.

Next day (the 11th) I found the patient in no respect improved, and in addition to the symptoms of the preceding day there was now an occasional tenesmus, which induced me to examine the regio pubis, where I could find nothing like a contracted uterus. I then examined per vaginam, and ascertained that the uterus was still inverted, and lying just within the os externum.

Without delay I had the patient placed in a position for turning, and made regular persevering efforts to replace the inverted organ. The woman became suddenly noisy and ungovernable, and having used as much force as I deemed safe, without effecting my object, I ceased my manipulation, and directed nauseating doses of tartarised antimony, for the twofold purpose of quieting mental disturbance and producing relaxation of the uterus.

November 12th. The patient has been using the antimony for twenty-four hours; has vomited a little, and seems thoroughly under the influence of the medicine. She was placed as before in position for turning, and I renewed my attempts to effect reposition.

Grasping the uterus in my right hand, I made at first gentle, and after a little while, more forcible compression, increasing the force gradually. Having persevered thus for more than half an hour, and materially diminished the bulk of the organ, which was

felt contracting in the hand, I applied the tips of the fingers, placed together conically, to the fundus uteri, and made gradual and steady pressure in the direction of the os tincæ, and the upper axis of the pelvis. At first the whole uterus was carried up, but after the vagina was put fully on the stretch, the fundus uteri began to dimple, and in a few minutes after it started up suddenly, and I found that the fundus, and nearly the whole of my hand, had passed through the os tincæ. To satisfy myself that the reposition was complete, I retained my hand in the uterus (while an assistant pressed above the pubis to steady it, long enough to enable me to traverse with the tips of my fingers the whole of the inner surface of the fundus. I then gradually withdrew my hand, introduced into the vagina a sponge tent, placed a compress over the valve, and secured all by a T bandage. The pillows were taken from beneath the head, and one of them placed under the hips; an anodyne administered, and perfect rest enjoined.

The whole manipulation was finished in less than an hour, more than half of which time had been consumed in making compression of the uterus preparatory to attempting its reposition. The patient was perfectly passive, uttered not a word, and made not the slightest movement.

13th. Slept a little last night, the first since delivery. Removed the tent, used the catheter, and then introduced a fresh tent. From this time the improvement was rapid and uninterrupted. Catheterism was practised but three times, a fresh tent was introduced daily, and appropriate treatment directed for the mental disturbance, which ceased on the 20th of the month, and on the 23rd I made my last call. As the patient had formerly suffered much from prolapsus uteri, I applied Banning's abdominal supporter before she left her bed, and she is now better able to take exercise than at any time during the last five years.

The points of most interest in the case are the length of time which elapsed before reposition was effected, and the agency which I suppose the antimonial medicine to have had in facilitating that object.

The inversion occurred on the morning of the third, and reposition was not accomplished till the evening of the twelfth of the month. Usually the lapse of a few days renders reposition impracticable, although Dr. Smart, of Maine, reports a case in vol. 16 of this Journal, in which reposition was effected at the end of three weeks, and in Dr. Belcome's case (quoted by Churchill,) twelve weeks had elapsed. Such cases, however, are rare.

I think I am not mistaken in attaching great importance to the beneficial agency of the tartarised antimony in this case. Blood-letting and tobacco were both inapplicable, owing to the enfeebled state of the patient, and yet the rigidity of the os tincæ presented a serious obstacle to replacement. This difficulty was very completely overcome by the antimony with but little distress, and no hazard to the patient.—*American Journal of Medical Sciences.*

COMPLETE EXTIRPATION OF THE UTERUS BY LIGATURE, AFTER CHRONIC INVER- SION OF THE ORGAN.

By, Dr. JOHN M. ESSELMAN.

A lady, 32 years of age, married fourteen years, had been in bad health ever since the birth of her first and only child, twelve years previously to Dr. Esselman being consulted. She had been attended in her confinement by an old woman; her labour was a protracted and painful one; she had flooded profusely; and was very ill for several weeks after her confinement. After she was able to leave her bed and walk about the house, she was much annoyed by "bearing-down pains," as she called them, in the region of the womb, extending up in the direction of the lateral ligaments of that organ. She had also suffered much from pain and weakness of the back, and from pain and a numb sensation down the inner portion of the thighs, and had been a prey to fluor albus ever since she had left her bed of confinement, with the exception of her catamenial periods, which are very irregular. The secretion was often very profuse, indeed, so alarmingly that she would be confined to her bed for weeks at a time, had to consult physicians, take medicine to check the hæmorrhage, &c.; then she would be put on the use of tonics, to strengthen her system, as well as to correct the fluor albus. At length she was advised by her physicians that she was labouring under prolapsus of the womb, and underwent the routine of treatment in such cases; but all to no effect, except the relief she invariably obtained from the horizontal position.

Disheartened by the little relief she received, she went to Nashville, where she consulted a distinguished practitioner, who diagnosed a polypus, and he applied a ligature, which was productive of such alarming symptoms that he removed it. Various other medical men were consulted, but without relief being afforded.

When Dr. Esselman was consulted, he found her in a deplorable situation: she was labouring under hectic fever, had profuse night sweats, hacking cough, and all the symptoms indicative of a rapid decline; on examination, he found a tumour occupying the vagina, about the size of a large pear, and answering in every respect the description usually given of a polypus. The vagina itself was very irritable and much ulcerated, so that it was impossible to make a very minute or satisfactory examination. However, from the history of the case, and the opinion of other medical men who had examined it previous to himself, in some of whom he had the utmost confidence, he concurred with them in the opinion that it was a polypus. But being at that time a young practitioner, having been but two years in the profession, he requested that some other physician should be called in to assist him in the operation. An intelligent practitioner was accordingly called in, who took the same view of the case; and, after a few days of preparatory treatment, a ligature of saddler's silk, well twisted and waxed, was applied; a full dose of camphor, laudanum, and hartshorn having been administered two hours previously. The tightening of the ligature gave great pain, and the dose of camphor, laudanum, and hartshorn, was repeated. For the first four or five hours she was very much prostrated, and her pulse sunk to a mere thread: she,

however, then became composed, reaction took place, and she rested tolerably well the first night. The ligature was tightened every morning for eighteen days, at which time it came away, and to the surprise of her physician, instead of a polypus, the tumour proved to be the uterus itself, which was much reduced in size by ulceration and strangulation. The vagina was much ulcerated, and emitted a very offensive sanious discharge, for which frequent injections of a solution of chloride of lime were ordered, and a solution of nitrate of silver was applied to the ulcers. The general system was sustained by tonics, such as the muriated tincture of iron, phosphate of iron, quinine, &c., and a generous diet, when the absence of febrile excitement would admit of it. She was a long while recovering, and did not leave her bed for months after the operation, but finally was restored to perfect health. For the first 12 months after her recovery she required frequent bleeding and purgatives to relieve headach and a tendency to vertigo, as well as a general plethora of the system, occasioned, Dr. Esselman thinks, by the premature suspension of the catamenial secretion."—*American Journal of the Medical Sciences.*

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, August 16th, 1844:—W. Carey; F. H. Duffort; F. C. G. Ellerton; G. Walker; W. Box; J. Bourne; E. Lawless; J. Terry; W. W. Kemp; H. Bencraft; H. B. Pickess.

VACCINATION.

M. Weninger, of Vienna, has published a case where vaccination was performed on a child eight months old, in July, 1837, and did not become developed till July, 1840, thus remaining latent for three years!—*Lancet.*

CARBONATE OF SODA IN THE PREPARATION OF COFFEE.

M. Pleischel states from experience, that the infusion of roasted coffee acquires a far superior taste, and is rendered more concentrated, consequently that a much larger amount of beverage can be prepared from the same quantity of coffee, by adding to the boiling water, just before pouring it over the coffee, one grain of crystallized carbonate of soda for every cup, and $2\frac{1}{2}$ grains for every half ounce of coffee.—*Med. Jahrb. des Oestr. St., in Gardeners' Chronicle.*

ERRATA.

In Dr. Black's first Lecture, p. 277, column 2, line, 8 from the bottom, for poorer read purer; p. 278 column 2, line 7 from the bottom, for 1-4688th read 1-468th.

TO CORRESPONDENTS.

We are sorry that the account of the Medical Meeting of the Practitioners in Surrey, forwarded by Mr. Martin, of Reigate, reached us too late for insertion this week.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS,
DELIVERED AT THE CHARING CROSS
HOSPITAL. SUMMER SESSION, 1844.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE I.

GENTLEMEN,

I have selected the subject of dislocations for this course of clinical lectures, as though there is scarcely any accident upon which so much has been written, there is no point in surgery of greater importance and no subject by which you are more likely either to make or mar your prospects, than by the one under consideration. An error in treatment or diagnosis cannot be concealed. You cannot reason an individual, use what sophistry you may, into the belief that you have done your duty by him, when he finds that he loses the use of a limb. He falls down, for instance, on his elbow, hand, or shoulder, and when he gets up he cannot use his arm. He consults you, and you, probably from not understanding the case, or perhaps from not having had opportunities of judging for yourselves, are ignorant of the nature of the accident. You prescribe, but your patient experiencing no relief, finding that the limb remains useless, consults another surgeon; he, better informed, at once pronounces the nature of the mischief, and what is of much more importance to your patient, reduces the dislocation, and restores the functions of the limb. Now, here is no ideal picture; it is an error which has fallen under my notice more than once, and unfortunately for you, it is one in which your ignorance cannot be concealed; there is the unanswerable fact, the bone was dislocated, you have mistaken the case, and another has removed the mischief, and restored the patient to comfort and health. Under these circumstances you will, I am sure, agree with me, that the subject under notice deserves our most attentive consideration, and ought to be viewed under all its bearings.

The facts hitherto published, with the exception of those contained in the valuable works of the late Sir A. Cooper, M. Boyer, and some few others, are for the most part isolated, each gentleman selecting an individual accident, and thus contributing to our knowledge of the whole; but it will be my duty and endeavour in these lectures to place before you, as clearly and succinctly as lies in my power, the several dislocations to which the human frame is liable, the accidents for which they may be mistaken, the results of these accidents—in a word, everything connected with them, so that I trust when we have completed our investigations, you

will have a good general knowledge of everything connected with the subject.

In investigating this point there has always appeared to me to be a great deficiency in the manner in which it has been treated. Authors describe dislocations, but they do not describe the anatomy of the parts; they do not give the structures, or functions of the structures, which enter into the formation of the joints, which are liable to these accidents; neither do they give the appearances which these parts present in their normal condition. You will doubtless say that you know a man's shoulder to be sound and of its proper shape when you see it, but can you tell upon what you ground your opinion? You doubtlessly know the anatomy considered abstractedly, but it is one thing to know the mere dry detailed anatomy, and another to understand the form and appearance of a joint in its healthy state, and to know the landmarks or distinguishing features by which you can recognize whether the parts entering into its formation are in a state of integrity or not, and whether they are in their proper and natural position. Before entering on the consideration of the individual dislocations, I purpose in these lectures to bring before you the different varieties of joints met with in the human frame, the several motions enjoyed by these joints, and the different structures entering into their formation. I shall then take a general view of dislocations, with their peculiarities, and subsequently proceed to treat seriatim of dislocations incident to individual joints.

The term joint, in surgery, is intended to denote the union of two or more bones at their articulating surfaces by connecting media, in such a manner as to allow a certain degree of motion, the extent of that motion varying with the shape of the articulating surfaces as adapted to the functions of the limb or part in which this union occurs. These joints are also termed diarthroses, or moveable articulations, and it is to them that we refer when we speak of dislocation, as the displacement of either of the bones entering thereinto constitutes that accident. With the exception of the lower jaw these joints are confined to the trunk and extremities, and consequently, with this exception, it is in those situations that the dislocations occur.

The different joints described under the head "diarthrosis," present certain peculiarities with which it is necessary you should be acquainted; I will therefore briefly refer to them here, although I shall have to discuss the point more fully when we come to the accidents occurring to these particular joints. In some species, as in the superior tibio-fibular, or the carpo-metacarpal articulations, where the surfaces

are plane, or one is slightly convex and the other concave, the joint is called *arthrodia*. In others, as the ball and socket, where the ball or head of one bone is received in a socket or cup formed either in one or more bones, as in the hip or shoulder, it constitutes an *enarthrosis*. Again, where the articulating surfaces are marked by depressions and elevations which exactly fit into each other, and where the projecting processes are so arranged (as in the elbow joint) as to form a complete hinge, allowing only motion of extension and flexion, you have a *ginglymus*, and lastly, you have the *rotatory diarthrosis*, also called *lateral ginglymus*, where the head or pivot of a bone works in a ring formed partly of bone and partly of ligament, as between the first and second vertebrae, and the upper radio-ulnar articulation.

The motions enjoyed by *diarthrodial* joints, are those of gliding, flexion, extension, abduction, adduction, circumduction, and rotation. Of these motions, that of gliding, though peculiar to some joints, is nearly common to them all. In the *arthrodial*, as in the articulation of the carpus, tarsus, sternal and scapular ends of the clavicle, &c., the motion is gliding. The *ginglymoid* joints admit only of flexion and extension, whilst the *enarthrodial* are endowed with all these various motions.

The bones of the head and face are for the greater part joined together by immovable articulation, receiving various appellations according to the mode of union and shape of the articulating surfaces; hence you have sutures of various kinds, viz., the tooth-shaped, "*sutura dentata*;" like the teeth of a saw, "*sutura serrata*;" one bone overlapping the other, the edges being bevelled off, and "*sutura squamosa*;" the dove-tailed or sagittal suture. Also the mere apposition of bones, or the union termed *harmonia*; in some cases a ridge of bone is received into a groove in another bone, constituting *schindylesis*, whilst in others, again, where a conical surface is received into a corresponding cavity, the term *gomphosis* is employed. These various articulations are all classified under the general denomination "*synarthrosis*."

We do not apply the term *dislocation* to a giving way of the sutures of the cranium or face; these accidents cannot be ascertained with any degree of certainty during life, and moreover, though a suture may yield, and a separation take place, it rarely, if ever, occurs to such an extent, as to produce displacement or *dislocation* of any of the bones, or to allow of such alteration in the relative position of these bones one to the other, as to destroy the functions of the parts contained therein. Of course, I do not here intend you to understand that the cranial or facial bones are never displaced, but this is commonly the result of fracture causing rarely, if ever, so complete a separation of the articulations, as to constitute a *dislocation*.

Again, there is a third class of articulations, partaking of the character of the other two, and from its mixed form called *amphiarthrosis*; examples of this class are found in the symphysis pubis, and the ilio-sacral articulation, and like the *synarthrodial* articulations, are liable to become obliterated by age.

The structures which enter into the formation of joints are, bone, cartilage, fibro cartilage, ligaments, and synovial membrane.

In the human subject, the fundamental portion of

an articulation consists of bone. On the separated bones of the skeleton we perceive at some point or other a smooth shining surface, which corresponds with a similar process on another bone. There is no subject in anatomy in which the adaptation of means to an end is more forcibly displayed than in the construction of the skeleton, and in the application of its component parts to their several functions, and I may add there are no objects more worthy our observation than the arrangement of the osseous structure of the articulations. How should we be exposed almost at every step to concussions and shocks were it not for the beautiful arrangement of the tarsal bones, and the nature of their structure. Again, in that string of joints which constitutes the spinal column, the bones not only enter into those joints, but collectively form a case for the spinal marrow, and canals for the transmission of those nerves by which the body is endowed with sensation and motion; and here again we observe the same protection from concussions in the spongy reticular structure of the bones themselves.

In the long bones of the extremities it is necessary to obtain an enlarged surface for articulation, and accordingly we find their extremities expanded, not by any addition of substance, or by increasing the weight, but by a different arrangement of the reticular structure. In the shaft of the long bones where solidity is so requisite, the reticular structure is condensed into hard compact *laminæ*; whereas, in their extremities where expansion and a certain degree of elasticity are required, the reticular structure is abundant, not condensed but cellular, and covered merely by a thin lamina of compact tissue. Cast your eyes over the whole of the moveable joints of the skeleton, and you will find the same admirable arrangement pervades throughout.

In the neighbourhood of the joints, the bones are marked by elevations, processes and depressions, indicating the points to which the connecting ligaments, &c., are attached.

But you must remember that, until the body is fully developed, the extremities of the long bones or their epiphyses are not united to the shafts by ossific union, and therefore among children you will occasionally meet with accidents which, unless you bear this in mind, will undoubtedly puzzle you.

Cartilage. The cartilages found in the joints have been classified by anatomists into those investing the articulating surfaces of the bones of moveable joints or *diarthrodial* cartilages; those placed between the bones of immoveable articulations, or *synarthrodial* cartilages; *interarticular fibro-cartilages*; the circular *fibro-cartilage* of Meckel, and the *intervertebral fibro-cartilages*.

The articular or *diarthrodial* cartilages correspond precisely with the shape of the articulating extremities of the long bones; they are entirely distinct from the temporary cartilages constituting the epiphyses of these bones, and may by maceration be separated from them. Hence, these cartilages have been called the "*cartilages of incrustation*." The design of articular cartilages is evidently to carry out to a greater extent the beautiful arrangement to which I have already alluded in speaking of the bones; by the smoothness of their free surfaces they move one upon another without any risk of abrasion, whilst, by their flexibility and elasti-

city, the violence of any shock referred to these parts is broken, and is finally expended.

The articular cartilages are composed of perpendicular fibres, and their thickness in every case is in relation to the pressure which they have to support. This thickness is always greatest on the most prominent or convex portion of the heads of the bones, whilst the opposite arrangement obtains in the cavities, as in these situations it is thinnest in the centre, gradually increasing towards the circumference.

A difference of opinion exists as to the organisation of cartilage, some affirming that it does not belong to the class of organized tissues, whilst others on the contrary consider that it possesses vessels and nerves, and that it is to a certain extent capable of repairing injuries inflicted upon it. Among the former, M. Velpeau asserts that it is never the original seat of disease, that it neither inflames nor suppurates, and he somewhat ridicules the idea of its ulceration as described by Sir Benjamin Brodie, denying the fact, and maintaining that the ulceration commences in the bone, and not in the cartilage. It is exceedingly difficult to reconcile this opinion with what pathology almost daily points out. If the articular cartilages are like the nails, inorganised, without receiving any nourishment from their own blood-vessels, whence are they derived? and how are they nourished? We know that although the nails are said to be inorganised, there is a special apparatus (the matrix) whence they originate, and by which their growth is continued; but we have no special apparatus in the joints for the secretion of cartilage. If the cartilages be not organised, how do they increase with the growth of the body? However, both anatomy and pathology concur in confirming the fact of cartilages being organized like bone, although, perhaps, in a minor degree. If we examine the articular cartilage of a child under a microscope, we observe distinct canals for the passage of blood, although it does not appear that these canals possess the different coverings of vessels, but this fact by no means proves the absence of blood-vessels; if it did, we might then deny the fact of the bones of the cranium being supplied by blood-vessels, as in this latter situation their investments are so thin as to be, in some instances, scarcely recognizable. Neither is it any proof against the organisation of cartilage, that it possesses no sensibility in the healthy state. Those who maintain this argument refer to the experiments of Haller, who applied sulphuric acid to the hip joint, and also cut it without producing pain; but the same immunity from pain is observed in healthy bone, and no one doubts the fact of that tissue being highly organised; and, moreover, the pain which patients, who suffer from ulceration of the cartilages, experience, is sometimes most intense, as you will have the opportunity of observing for yourselves in cases which you will meet with in your practice.

It is true that in the adult, these canals for the distribution of blood are not perceptible, but as Sir Benjamin Brodie has observed, this proves that they are very minute, but not that they are altogether wanting. In the cornea and sclerotic coat of the eye, we know that there are a set of vessels (the vasa serosa) too minute in their normal state to admit the coloured particles of the blood, but which, under disease, become dilated and injected with red blood, and may

be observed ramifying in these structures; and in the excellent work of Sir Benjamin Brodie upon the pathology of the joints, we have a case related in which vessels carrying red blood could be distinctly traced extending from the diseased bone to the cartilage covering it.

Sir B. Brodie has also pointed out that occasionally some portion of the articular cartilage is altered from its natural organization, and converted into a number of ligamentous fibres. It may be asked, can this change take place without some vascular apparatus being inherent in cartilages? and although M. Velpeau declares that the ulceration commences in the bone, and not in the cartilage, how many cases do we meet with in which the ulceration of the cartilage has evidently commenced on its free surface without extending to the bone, from which it can scarcely be separated, and which remains healthy? Now this never could be the case were M. Velpeau's hypothesis correct. Before I leave this point I would strongly recommend you to read Sir B. Brodie's work on the diseases of the joints, and judge for yourselves. Your trouble will be strongly repaid, as it is not made up of opinions formed from theory, but is the result of observation, and the just appreciation of facts.

Synarthrodial cartilages appear to form a bond of union between bones, and at the same time to diminish shocks, &c. They are mere laminae placed between two bones, which they not only separate, but join together, by adhering intimately to each bone, and to the ligamentous bands which pass from one bone to the other. These cartilages are for the most part conical, or, rather, wedge shaped, the external margins being thicker than their internal, a circumstance which, according to Meckel, accounts for the sutures on the inside of the cranium becoming obliterated sooner than those on the outside.

Fibro-cartilages are intermediate in form and structure to ligaments and cartilages; they consist of a fibrous base in the intervals of which is deposited cartilaginous substance. They are arranged into three classes, viz., those situated within the joints, or the interarticular; those surrounding cavities which Meckel designates the fibro-cartilage of circumference, or cylindrical fibro-cartilage; and, lastly, those placed between the bodies of the vertebrae or the intervertebral fibro-cartilage. The interarticular fibro-cartilages are peculiar to the sterno-clavicular, tempero-maxillary, and femero-tibial, articulations; they are occasionally met with in the acromio-clavicular joint. Their form is very variable, commonly representing a kind of plate, sometimes a double convex, and at others being perforated in the centre. As they are always met with in those joints subject to the most constant motion, and which have also to sustain great pressure, it would appear that they are intended to prevent friction and abrasion, but in the knee joint they also seem to deepen the cavities on the head of the tibia, whilst in the knee and jaw they serve to ensure a perfect adaptation of the articular surfaces one to the other in all the motions of the joint. Occasionally, however, these fibro-cartilages of the knee joint become displaced, depriving the patient for the time of the use of the limb, and producing great suffering. They are exceedingly elastic, and resist violence to a remarkable degree. The fibro-cartilages of circumference are only met with in the

shoulder and hip joints; in the former, surrounding the glenoid cavity; in the latter, the acetabulum, with the exception of the cotyloid notch.

The third class of fibro-cartilages are those placed between the bones of the vertebrae, acting as elastic cushions, in preventing concussion, and thus preserving the delicate spinal marrow from those shocks which must of necessity be continually occurring were it not for this contrivance. The arrangement of their structure is different from that of the other fibro-cartilages; they are thickest in the middle. The fibrous tissue is disposed in concentric layers, each layer being formed of interlacing fibres, having their interstices filled with cartilaginous substance; towards the centre the fibrous structure gradually disappears, leaving a soft pulpy mass, adapting itself to every motion of the vertebral column. These fibro-cartilages are firmly attached to the bones immediately above and below them, and also to the connecting ligamentous fibres; and although from this arrangement but very little, if any, motion is admitted between any two of the bones, still there results in the aggregate an elastic flexible column, in every way fitted to the very important duties it has to discharge in the animal economy. These pads or cushions are not only very elastic, but they possess a remarkable power of resistance to pressure, as you may see in this preparation which I now show you.

The patient from whom it was taken was the porter of this hospital, and had suffered for several years from aneurism of the descending aorta, which ultimately destroyed him. You may perceive the bones have been absorbed to a considerable extent, but the intervertebral substances remain entire, having resisted that pressure which destroyed the harder and less yielding tissue.

In our next lecture we will resume the consideration of the tissues entering into the formation of joints.

CASE OF EXCISION OF THE GREATER PORTION OF THE ULNA.

By WILLIAM MC. EWEN, Esq., House Surgeon to the Chester Infirmary, and Surgeon to Chester Castle, &c.

(Read before the Provincial Medical and Surgical Association, August 8, 1844.)

Thomas Griffiths, aged 19, apprentice to a marble mason, states that in the beginning of February, 1843, three of the men were lowering a large block of stone, and he was assisting them with a crow-bar. The stone being too heavy, came down suddenly, and knocked him down, his right arm being under the crow-bar, from which he could not get released until the stone was removed, which was done as speedily as possible.

He was able however to continue his employment for a fortnight after, though complaining much of his arm, which was very painful and a little swelled. He applied to a surgeon, who ordered leeches to his arm, and afterwards cold applications, with rest. This treatment was followed up for a week. The leech bites became a little inflamed, but after soothing applications got better, the arm being much relieved. His eyes then became inflamed, and the attention of

his medical attendant was chiefly directed to them, the arm being allowed to rest.

In May, his eyes gradually got better, but his arm again became very painful, red, and swelled. Blistering and other topical applications were used until August, when he was recommended to try sea bathing; after a time however, he returned home, without having received any benefit.

Shortly after Christmas an abscess on the outer side of the arm burst, and discharged freely, poultices and fomentations being applied daily.

In the beginning of March, 1844, he applied to me to know whether anything could be done; his general health was giving way rapidly, as evinced by night perspirations, loss of appetite, and muscular power, under the irritation and discharge from the arm, which presented the following appearance:—

About an inch above the right wrist there was a large sloughing ulcer, extending half way round the arm, exposing the shaft of the ulna to the extent of rather more than an inch, the exposed portion of bone having a whitish, worm-eaten appearance. The skin and cellular tissue for a considerable space around the ulcer were of a dull livid colour, and the muscles so matted together as to prevent motion of the wrist and hand, which was half closed. The margin of the ulcer was ragged, and had an irritable and angry appearance, and was extremely sensitive and painful. The ulcerative process was rapidly extending itself round the arm. Several sinuses communicated with the ulcer: in one the probe could be passed along the bone near to the olecranon; another passed down close to the articulation of the wrist.

The discharge from the ulcer was extremely offensive, and of a thick whitish consistence.

Before adopting any operative procedure, the system required to be put in order. The digestive organs were carefully attended to, and quinine administered with sulphuric acid, which improved his appetite and reduced the night perspirations; still it was evident the system could only be temporarily benefitted so long as the source of irritation remained.

After mature deliberation I proposed to remove the diseased portion of bone, which he willingly submitted to. Before doing so, I had written to my friend, Professor Fergusson, of King's College, as to the propriety of removing the bone at its articulation at the wrist, if it should be found that the disease had not extended so low. He, in reply, advised me to remove the articulating surface, as there might be a possibility, if that small portion only was left, that it might die for want of nutrition.

Coinciding in his opinion, on the 15th of March I proceeded in the following manner:—

The patient being seated in an arm chair, an assistant held the arm semiflexed, and with a common scalpel I carried an incision from the upper part of the ulcer along the outer edge of the ulna, to within three inches of the point of the olecranon. The bone being my guide, I dissected away the attachments of the muscles first along the outer, and then along the inner edge of the bone, making in fact two flaps.

The diseased portion of bone being now exposed to the extent of three inches, from the upper end of the ulcer, the periosteum was here found very much

thickened, and peeled easily off the bone. I therefore carried my incision a little higher up, until it appeared perfectly healthy. The next step was to divide the bone. This I attempted to do with a pair of Liston's bone forceps, having first made a notch in the bone with a small saw; unfortunately however in my attempt, one of the blades of the forceps gave way. I had immediate recourse to one of Hey's crown saws, which was at hand, an assistant holding down the flaps; the bone was with some difficulty sawn through. The next step was to disarticulate the bone at the wrist; this there was little difficulty in doing. An incision was carried down from the lower end of the ulcer in a direct line with that made up the arm to the head of the metacarpal bone of the little finger, the tendons of the flexor and extensor muscles being carefully separated from their attachments on the anterior and posterior aspect. The knife was then thrust perpendicularly betwixt the radius and ulna, and carried round the articulating surface, completely dividing the saciform ligament, and the attachments of the triangular fibro-cartilage. There was now little left but the attachments of the interosseous ligament.

A copper spatula having been passed under the disarticulated end of the bone, by gently raising it there was more freedom allowed for carefully dissecting the piece out, which was done without wounding any large artery; one small vessel only was divided, a branch from the interosseal, but the hæmorrhage from it was so trifling as not to require ligature. Several portions of very thickened periosteum were dissected out of the bottom of the wound.

The edges of the incision at the wrist were brought together with adhesive plaster. As there was reason to suppose from the tolerably healthy state of parts that union would take place by the first intention, the upper portion of the wound was filled up with dry lint. The patient was then put to bed with his arm pronated, and resting upon a high pillow, and cold water dressing applied. He bore the operation very well; little more than three ounces of blood were lost.

8 p.m. on the day of operation. Has been tolerably easy, and slept at intervals in the afternoon, rather thirsty, pulse 80. To have fifty drops of laudanum immediately.

March 16th, 10 a.m. Has slept between three and four hours in the early part of the night, and has been dosing this morning. Does not complain of pain in the arm; pulse 90, regular, rather full; face a little flushed; tongue moist, and a little furred in the centre, which has been so for some months. No thirst; bowels not open. To have tea and bread and butter. Arrowroot if he wants it. Continue wet cloths.

8 p.m. Has been easy during the day; no great pain in the arm, no swelling; pulse 100; slept none; bowels not open; is cheerful, and in good spirits. To have fifty drops of tincture of opium in the night if he does not sleep, and cold spirit lotion applied.

17th, 10 p.m. Last night about half-past ten, he complained of griping pain in his bowels; the draught was administered, which procured him immediate relief, and a good night's rest, having slept six hours. Pulse 100, but regular and sharp. Heat of skin natural; no great thirst; bowels not open; does not complain of much pain in the arm; no swelling;

slight discharge of matter from the edges of the wound. To have half an ounce of castor oil immediately.

8 p.m. Has had his bowels opened twice with the castor oil; arm easy; has slept two hours in the afternoon; was a little chilly when he awoke. Pulse 102, and sharp. To have forty-five drops of tincture of opium in the night, if he does not sleep.

18th. He took the draught in the night, and slept nearly eight hours. Perspired a little in the morning. Pulse 100. The dressings were for the first time removed; a considerable quantity of pus followed; wound looks healthy; no hæmorrhage. Dressed with dry lint as before, brought round with a few strips of plaster.

8 p.m. Has slept two hours in the afternoon; arm easy. To have fifty drops of tincture of opium at bed time.

March 19th. Has had a good night, and feels very comfortable. No swelling or uneasiness in the arm. Pulse 100. Perspired freely in the night; dressing removed; no hæmorrhage; wound looks healthy, and granulations springing up around the edge of the old ulcer. Dressed with dry lint.

20th. Has not had a good night, having been without his draught; bowels open; dressing removed; free discharge of pus of a healthy character; here and there slight union had taken place betwixt the lips of the wound, these were broken up in order to allow of the free escape of matter. To be dressed with dry lint as before, and covered over with soap plaster.

21st. Going on favourably.

23rd. Has had two good nights without any draughts. Bowels open; pulse 88; no perspirations; tongue clean and moist; no tenderness or swelling of the arm. The granulations are healthy, and the discharge moderate. The incision at the wrist nearly filled up. To be strapped as before. Got up to day to have his bed changed.

25th. Sleeps well; no perspirations; wound looks very healthy; no uneasiness in the arm. To have meat diet, and a pint of porter daily.

26th. Sleeps well; bowels open; tongue clean and moist; no perspirations; wound at the wrist nearly healed. There is a little discharge from the end of the bone, which appears more prominent than usual, but has plenty of covering. The arm was freely extended, which gave him no pain.

27th. Only feels a little stiff. The arm can be put in a state of pronation or supination without any uneasiness. The arm to be placed in the same semiflex position, but a little more extended. Continue his meat diet, and porter.

28th. Pulse 84; slept well; has had some pain along the front part of the arm, from the altered position and movement yesterday. To be strapped as before, but without any lint, and the arm to be more flexed.

April 1. Wound looks healthy; complains of pain at the end of the bone. Got up to-day for several hours, sleeps well, and takes his food well.

4th. Bottom of the wound filling up, and very much contracted. The edges of the old ulcer appear irritable and painful. To have them touched with the nitrate of silver; can pronate and supinate the hand

himself. The fingers are rather stiff. The incision at the wrist perfectly healed. Health very good.

7th. Wound continues improving; the edges of the old ulcer still painful, but look more healthy. Nitrate of silver applied to them. Has perspired a little the last two nights. Complains a little of sore throat; is a little feverish: bowels open. To steam his throat with hot water frequently.

9th. Sore throat better; the edges of the ulcer appear irritable; the discharge is unhealthy, and the ulceration is extending over the skin in the under surface of the arm. To have it fomented frequently with warm water, and linseed poultice applied for a few days.

12th. Since the poultice has been applied, the wound has discharged freely. The edges of the ulcer look clean and more healthy. Poultice to be discontinued, and the wound strapped as before.

14th. Ulcer healing rapidly. Surface very much contracted, and new skin forming. Says he feels in better health.

20th. Has been walking out daily since last report, and came down to the surgery to have it dressed with plaster. The granulations are now nearly on a level with the edges of the wound, which has to day an irritable and erysipelatous appearance, brought on, I imagine, from some injudicious friend giving him wine. To have a poultice applied, and to take some aperient mixture.

From this period the edges and parts around the old ulcer alternately progressed and retrograded. During the whole progress of the case the pus secreted from the ulcer was very similar to what is seen in opening a scrofulous abscess of the neck.

Until the beginning of June, a variety of topical applications were used without much benefit. Amongst these I may mention solutions of sulphate of zinc, sulphate of copper, black wash, and the nitrate of silver in pencil, with a view of altering the character of the sore, attention at the same time being directed to the digestive functions, with generous diet; strapping with soap plaster, and bandaging the arm, were found on the whole most efficacious.

The incisions made with the knife being at this time healed, he was sent to the sea side, and ordered to bathe the arm in salt water. There he remained five weeks, and returned with the sore quite healed, and in perfect health.

REMARKS.

I think it is pretty evident from the early history of the case, that the bone had received serious injury, and although he was able to follow his employment for some time after the accident, no doubt there was a considerable degree of inflammation of the bone and periosteum going on. We are well aware that bone generally speaking is very slow in taking on diseased action, but there was here, besides the injury, a scrofulous diathesis to combat with, which merely required some external agency to produce its development. We see too, how in such a constitution diseased action may suspend itself, and attack a more distant organ, and after a time return to the seat of the original mischief.

With regard to the operation, I may remark that the difficulty attending the division of the bone was, inde-

pendent of its enlargement, much increased, owing to the blade of the forceps giving way, and though it would have materially shortened the operation, I much question if I could have accomplished my object with them. I found Hey's saws answer every purpose, though tedious in their operation; the only danger likely to accrue from their use, is when having nearly divided the whole thickness of bone, they might, if caution were not used, suddenly pass through and divide the ulnar artery which is lying close to it. It is better therefore to finish the division with the forceps.

Velpeau had a case in which he was anxious to remove the radius for disease entirely restricted to that bone, but the patient would not submit to the operation, and had her arm amputated. In his book, (*Nouv. Elem. de Med. Oper.*, Tome 1,) he recommends a chain saw to be placed under the bone, by means of a director, and the bone to be sawed through, and if there was not room for its use by the longitudinal incision, that a transverse one should be made. I have never used the chain saw, nor seen it used, though much has been written about its applicability in such cases, but I should much question the propriety of its use in any case.

The removal of portions of the shafts and extremities of bones extending into joints, is now a matter of common occurrence, but the resection of the whole thickness of any of the long bones for necrosis is extremely rare. I am not aware that any case has presented itself, in this country at least, nor can I find any case on record in which so much bone has been removed.

The disease, as you will perceive in the specimen before you, is extensive,* and extends close to the articular extremity, and though the heads of long bones are slow in taking on diseased action, it would in this instance soon have been affected, and though the head of the bone is not anatomically connected with the wrist joint, there is every reason to fear that sooner or later the limb would have required amputation.

You will be able to judge of the present appearance of the limb by this cast. The arm is small certainly, but the muscles, although wasted very much, have a very considerable degree of power, indeed the youth has been daily exercising it in rowing about on the river: he can pronate and supinate the hand, can flex and extend the fingers readily, and has free motion at the wrist.

I may mention that in operating upon a case of a similar kind, I would strongly recommend that after the excision of bone, the hard and irregular edges of the ulcer should be carefully pared: it would contribute materially in hastening a cure, and I am convinced had this been done in the case just recorded, that a cure would have been sooner effected.

* The preparation and a cast of the limb taken after the restoration to health were exhibited.

CASE OF INTRA-UTERINE TUMOUR.

By T. OGIER WARD, M.D.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I beg leave to forward to you the enclosed communication, which I received last week, with the desire that it should be sent to you,

And I remain, Sir,

Your obedient servant,

WILLIAM THOS. HAMILTON.

Birkenhead, August 6th, 1844.

Having read in the Provincial Journal of yesterday your case of Intra-uterine Tumour, I venture to send you an imperfect history of a somewhat similar case that I have met with, in the hope that, by comparing notes, we may be enabled to throw some light upon the nature and origin of these formations.

In February last I was requested to see a poor woman, aged 45, who was said to be dying, when I found her suffering from violent and almost incessant purging and vomiting of a yellow feculent fluid, like thin gruel, in alternate attacks, recurring every two or three days. She was much wasted; complexion like a gipsy's, eyes staring, countenance anxious, tongue furred and dry, incessant thirst, pulse rapid and feeble. Besides the vomiting, she complained of intense pain over the whole abdomen, which was exquisitely tender to the touch. The lower part from the navel was occupied by a firm round tumour, without fluctuation, though rather elastic, and sounding dull on percussion. She told me she had been twice married; had one child by her first husband, and miscarried about six months before; since then she had been regular, till about three months ago, when she first perceived a small tumour in her left flank, which had gradually increased till it acquired its present size and place; and during this time her health had become impaired, though her present symptoms were only of three weeks continuance. There was some discrepancy between her account and that of her husband and neighbours respecting the first appearance of the tumour and her last menstrual period, for she seemed to have lost her recollection in a great degree, and was often delirious. On examination, per vaginam, I found the os uteri smooth, firm, and closed, projecting forwards into the vagina, as though the body were pressed down into the hollow of the sacrum, but there was no indication of the presence of any tumour in connexion with the uterus, nor did it give the idea that it was enlarged. The form of the tumour, its position, and the closure of the os uteri, together with the recent miscarriage and cessation of the menses, induced an opinion that it might be a case of pregnancy, or hydatids, or serous cysts, while the woman's account of its origin, and the ideas of her husband and her friends rendered it more probable that it was ovarian disease; at the same time the extreme pain and tenderness, the vomiting and purging, with fever and delirium, led me to suspect it might be an acute affection of the peritoneum, though the altered complexion was indicative of cancer. Not being satisfied with any of these reasonings, and believing that if not relieved, she would die in a few days, as I found medicine had no power to arrest the vomiting

and purging, I determined to explore the nature of the tumour with a small trocar, thinking, that if there were a foetus or mole, it would be expelled, and thus only one life might be sacrificed, and if a cyst, it would be evacuated.

The instrument seemed to pass into a firm substance, and upon withdrawing the trocar, about half a pint of rather gelatinous, brown fluid followed, when the canula became obstructed by a white greasy matter, resembling that which covers the bodies of new-born infants, and like that consisting of *epithelial scales*. The operation gave great relief to all the symptoms for a time, but they recurred in about ten days, with their former obstinacy, though not with equal violence. She then became an inmate of the poor-house, and died at the end of March. Her body was examined, and the gentlemen who presided gave me the following account:—There were only slight vestiges remaining of the left ovary; the os uteri was quite scirrhus, but not ulcerated nor tuberculated. The uterine cavity was filled with a white steatomatous matter, containing a lock of hair. There was no appearance of a cyst, nor any fluid round it, and the uterine wall varied from 1-4th to 1-8th of an inch in thickness. The mass was as large as a child's head of a year old. The rectum adhered to the uterus, but there were no marks of peritoneal inflammation, nor any adhesion of the uterus to the abdominal parietes at the place where it had been punctured. I ought to add that the gentleman who conducted the inspection knew nothing of the history of the case previous to the admission of the patient into the poor-house.

This case presents several points of interest, both physiological and practical.

1. I am not aware that any person has noticed that the white substance that covers new-born infants consists mainly of epithelial scales, mingled with a saponaceous matter; and it appears to me that if you can find them among the steatomatous mass described in your letter, it will go far to prove that they are not a product of the fetal epidermis, but a uterine secretion. This point you will easily ascertain by a comparison of the two, with the aid of a microscope of ordinary power.

2. It also establishes the fact, that the distended uterus may be punctured, and some of its contents withdrawn, not only without producing any expulsive efforts, but with decided relief to the symptoms arising from that distension; for, as there were no marks of peritoneal or other inflammation, I cannot but consider that the tenderness, pain, vomiting, purging, and prostration, were sympathetic only of the uterine irritation, and that, not of the os tince, which, though scirrhus, was never prominently painful, but of the body of the womb.

3. The presence of a lock of hair proves that there must have been a *nus formativus* in the first instance; and if we suppose that this produced—as is likely—increased action in the uterus, the researches of Mr. Addison would in some degree support the notion, that the action of an *effete* uterus might be abnormal, and that a vast formation of epithelial scales instead of the ordinary membranes, might be the result; or, what is more probable perhaps, that the membranes enveloping the tuft of hair received no accession from the uterus, while the epithelial secretion was inordinately

increased, and enveloped them in a thick mass. I have met with no case of uterine serous cysts since this case occurred, to be enabled to remark whether their surface exhibits epithelial scales.

4. The secretion of epithelium in this case must have been enormous, for all parties agreed that the tumour could not have been above five months in acquiring its size, when I first saw her.

5. The ages of both cases agree with that of most persons whom I have remarked with uterine serous cysts, which, like the present, I look upon as the last abortive efforts of the reproductive function previous to its perfect cessation.

6. The strongly marked symptoms of the last stage of peritoneal inflammation, before what used to be termed the stage of gangrene, might have induced me to use powerful antiphlogistic treatment, had I seen her before her strength became exhausted; and yet I should have committed a grievous error; and this, notwithstanding I tried to guard against mistake, by varying my mode of pressure, *secundum artem*, over the tumour and other parts of the abdomen. The chest was not tender. By the way, let me ask whether you find gangrene in all cases of fatal peritonitis where the pain subsides before death? I must say I do not; and even after the operation for hernia, the gangrene is rarely very extensive where it exists at all, and never equally so as the attending inflammation.

7. The ileus alternating with colliquative diarrhoea, without local disease of the bowels, (if we except the adhesions of the rectum to the uterus,) is also interesting, particularly as neither symptom was relieved by any mode of treatment, except by the puncture and unloading of the uterus.

I should not have thought my single case worth publishing, had not the similarity of yours, and the paper of Mr. Addison appearing in the same number of the Journal, induced me to think that if the examination of your preparation supports my views, this letter, enriched by your observations, may afford an interesting confirmation to the theoretic portion of Mr. Addison's valuable writings on the subject of nutrition. At all events I shall feel obliged by your forwarding it to Dr. Streeten, with or without any additions of your own; and for thus troubling you I must plead *non omnia possumus omnes*, and remain,

Your obliged,

T. OGIER WARD.

21, Philimore Place, Kensington,
August 1, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 4, 1844.

We last week inserted some observations on the removal of all restrictions from the practice of medicine by unqualified and incompetent persons, which forms so prominent a feature of Sir James Graham's Bill. In our present number will be found an expression of opinion on the same subject, and on some other parts of the measure, by

two important meetings, which at this early period have already been held in different parts of the country. It is a fortunate circumstance that from the late introduction of the Bill into the House of Commons, it is impracticable that it should during this Session be carried through its several stages, so as to become a part of the law of the land. Time is thus allowed for a consideration of its provisions by the whole medical profession, and for the expression of opinion with regard to the merits or demerits of the leading points, and on the machinery by which it is intended to be rendered effective. The example of the Warwickshire and the Surrey practitioners will, we trust, be followed by the members of the profession resident in other counties, and in the larger and more populous towns, and it cannot be doubted but that the general agreement which we believe to exist amongst all classes of the profession, on certain parts of the measure, must have some effect.

It is highly desirable that this, and indeed any measure on the subject, should be regarded in the twofold character of its relation to the public welfare, and its bearing on the interests of the medical profession. The profession have a right to expect that, as far as is consistent with the former of these objects—the public welfare—their own views of the management of their own concerns should be at least considered and treated with respect. No extra-professional individual, however highly he may be otherwise qualified, is competent to judge of what is best and most fitting for the regulation of matters of which he is by education, or rather by want of education and due information, necessarily ignorant. We will even go farther, and say that no one professional person can of himself know what the wants of the whole profession require, and to follow or be guided solely by the opinion of London practitioners as to the state of medical practice, and the requirements of medical polity in the provinces, or of provincial practitioners as to the medical wants of metropolitan towns, must inevitably lead to error, and give rise to dissatisfaction.

As far, therefore, as regards the internal regulation of its concerns, the whole medical profession, not one portion of it alone nor merely one or two selected individuals, ought to have been consulted and have a right to be heard. As far as the public welfare is concerned, although the Government and the Legislature may possibly be, *ceteris paribus*, the best judges, yet do we think that true wisdom should lead those in power to listen to those who are better qualified to form an opinion in some points at least than themselves. The removal of restraints from empirical practice we believe to be more detrimental, to be fraught with more danger, to the public in general, than injurious to the interests of the medical profession. It is especially

on account of the mischief which must result to the poorer classes and to children, that we are anxious to see some effective provision for the suppression of quackery, and for the prohibition of the administration of dangerous and powerful medicines by persons ignorant of their use. The uninformed amongst the wealthy may obtain information, if they are so disposed, and can at any rate take care of themselves, and if Members of Parliament, who are so ready to cheer the withdrawal of all check on the homicidal administration of medicine, are desirous of retaining the privilege of swallowing an indefinite quantity of Morison's pills or any other like nostrum, under the advice of a known empiric, by all means let them have it. Let it be made a privilege of Parliament, and replace the franking of letters if it so please them; but the public at large are entitled to receive protection, though perhaps too ignorant to look for it, as well against the empiric in medicine, as against the empiric in law,—from an illiterate and unauthorized traffic in health and life, as well as from any other species of swindling; and it is precisely because they are ignorant, and helplessly ignorant, that such protection is required.

LOCAL BENEVOLENT FUNDS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

May I be permitted, through your Journal, to offer a few remarks upon one or two of the subjects that came before the meeting at Northampton, and instead of answering, as I once thought of doing, when the meeting had passed over, Dr. Conolly's letter of the 19th of July, I would rather propose a suggestion, whereby we may all agree in furthering the object which, I am sure, we all desire to obtain, although perhaps by different means.

At the meeting a very marked difference of opinion manifested itself regarding the comparative advantages of a general central fund, or, of a number of distinct local charities. Mr. Martin said, that in many counties there already existed medical benevolent societies; and Dr. Conolly replied that in many counties there were no such local charities, both of which statements were undoubtedly correct; but why should the latter statement remain longer a fact? Surely enough is known of the working of local charities to enable every district to have its own benevolent association; and although I must still consider that the Provincial Medical and Surgical Association would have greatly stepped out of its province by even attempting to form a compulsory benevolent fund, still I conceive that the council of this great body may be of much use, through its district branches, by suggesting to them the propriety of originating local charities in those counties where they do not at present exist; benevolent funds, which, like the present central fund, might be in connection with, although constitutionally distinct from, the Association. At, or after the branch meetings, the

affairs of their several associated charities might be arranged, and thus the inconvenience of having to attend two separate meetings would be prevented.

In reference to the suggestion of a grant from the funds of the Provincial Medical and Surgical Association towards our benevolent fund, we know that there are already many of our members who do not subscribe either to the benevolent fund, or to local charities; if, however, the *Association's funds* were applied to the purposes of charity, would not this offer an excuse to these very men for *still* withholding their individual support, inasmuch as they may consider, and justly too, that the Association's funds do in part belong to them; and further, that such funds have been subscribed for the express purpose of benefitting the subscribers, by furnishing to them the greatest possible amount of medical and surgical knowledge at the least possible expence, and *that* through the medium of a weekly journal and an annual volume of transactions?

Respecting Dr. Budd's amendment upon my motion, I may be allowed to regret that I had it not in my power to remain to the termination of the second day's meeting; but as a pretty full account of the discussion thereon is given in the Journal, I think that my explanatory letter to Dr. Favell might also have appeared. I trust, however, that the Committee appointed may see it expedient to continue a weekly publication, and that as there is a surplus fund, they may recommend its application for the purposes of the extension of medical and surgical science.

I have the honour to remain, Sir,

Your obedient Servant,

JAMES INGLIS.

Halifax, August 16, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL.

On Thursday, the 22nd of August, 1844, the medical practitioners of the county of Surrey assembled at the Coffee House at Epsom, for the purpose of taking into consideration "A Bill for the better regulation of medical practice throughout the united kingdom," which the Right Hon. the Secretary of State for the Home Department had lately presented to the House of Commons: THOMAS MARTIN, Esq., OF REIGATE, IN THE CHAIR.

Whereupon, after mature deliberation, it was proposed by James Stedman, Esq., of Guilford, and seconded by William Chaldecott, Esq., of Dorking, and resolved unanimously,

That this meeting views with disapprobation the proposed constitution of the "Council of Health, and Medical Education," as not being likely to possess the confidence of the profession. And that this meeting cannot refrain from expressing its surprise and regret, that no general practitioner is, by this bill, proposed to be appointed on the Council of Health and Medical Education. Thereby withholding from that most important and numerous body a voice in the council, from which it is proposed should emanate all the laws and regulations which will have so important, so vital, an effect, on the future condition of the great body of the medical practitioners throughout the united kingdom.

Proposed by George Fletcher, Esq., of Croydon, and seconded by Peter Martin, Esq., of Reigate, and resolved unanimously,

That greatly prejudicial to the interests of the profession, and to the public welfare, would be the removal of all restrictions and penalties from unlicensed practitioners of medicine, which the repeal of the Act of the 55th of Geo. III. would effect.

Proposed by George Harcourt, Esq., of Chertsey, and seconded by George Bottomley, Esq., of Croydon, and resolved unanimously,

That so satisfactorily and efficiently have the court of examiners of the Society of Apothecaries exercised their powers under the Act of 1815, in gradually raising the scale of required attainment on the part of candidates for examination, and of which the good effects on the great body of general practitioners are manifest to the whole world; that the present meeting is of opinion, that an Act to amend the Act of 1815, by which the power of examining and licensing the general practitioner should be retained to members of his own grade, with protection to the public, and the profession, from evils and mischiefs to be apprehended from the intrusion of unqualified practitioners, might be so constructed as to meet every present difficulty, and attain all the objects sought for by the profession, in general, in a wise and prudent law on the subject.

Proposed by John Allan, Esq., of Epsom, and seconded by Henry Taylor, Esq., of Guildford, and resolved unanimously,

That in the opinion of this meeting the aforesaid bill is of so injurious a tendency towards the medical profession, as well as to the whole population of the country, that every legitimate means should be used to oppose its farther progress through parliament.

Proposed by Edward Wallace, Esq., of Carshalton, and seconded by George Stilwell, Esq., of Epsom, and resolved unanimously,

That under present circumstances, every member of the profession, here present, pledges himself to endeavour to impress the minds of members of both houses of parliament, with whom they may come into communication, with a correct knowledge of the erroneous and dangerous nature of this bill, and to solicit their opposition to it.

Proposed by W. Chaldecott, Esq. of Dorking, seconded by John Allan, Esq., of Epsom, and unanimously resolved,

That this meeting, feeling assured that the time has arrived when it behoves every professional—every general practitioner more especially—to enter upon a serious examination of his present position, and of the dangers which await him if the projected measure of the Right Hon. Secretary should become a law, earnestly requests the attention of their professional brethren to the following observations.

"It is well known to many, perhaps forgotten by some, and little thought of by others, that before the year 1815, the medical profession was in a very unsatisfactory state, as to education and attainment. With the greater number of its then practitioners, it was more or less of the nature of a trade. Much ignorance prevailed, although some acute, able, and talented men, supported the credit, and maintained the science, and usefulness of the profession.

To a proper sense of these great defects, the increas-

ing knowledge, and necessities of the times, aroused the profession, and led to the Act of 1815.

If we contrast the present state of medicine as a science, with its practical results—the knowledge and acquirements of practitioners—the safety and curative advantages on the score of health, relieved suffering, and prolongation of life, now enjoyed by the public, with the general state of the profession previously; the beneficial changes and improvement which have ensued, must be manifest to all, who are old enough to remember the former state of the profession, and capable of appreciating the change.

These great improvements, there can be no doubt, have been in a great measure effected by the Act of Parliament, which, with all its acknowledged imperfections, has been brought to bear most usefully, on the previously imperfect qualifications of medical men, and on the less apparent, but more important interests of the public.

Who then are the parties that have through good report, and evil report, from 1815, to the present time, carried out the provisions of that important and beneficial act in so gradual, but judicious and effectual, a manner? These parties are the Society of Apothecaries. To them we are bound in honour, and good feeling, and from a sense of justice, to accord the meed of praise, and to acknowledge our deep and lasting obligations.

To the efficient working of that act by their court of examiners, the medical men, now in practice, owe their superiority to their predecessors—their improved and more extensive education, and professional acquirement—and their increased estimation in public opinion and regard.

The contemplated measure therefore, denoting ignorance of the past, as well as present, state of the profession; and its author apparently also unqualified to judge of the future; must certainly be viewed with alarm. It is a measure which coolly throws overboard, as it is termed, the respectable, conscientious, and successful executive of a difficult and important trust; unsought by, be it remembered, but enforced upon it, by Act of Parliament, and so effectively and ably executed, and carried out, as equally to astonish by its results, the public bodies to whose superintendence it was first offered, and by whom it was declined; and the Government who left it in their charge.

To repeal, therefore, an Act of Parliament, which, with all its imperfections, has such acknowledged merits—which affords the only protection, and that very small, at present enjoyed by the legally recognized general practitioner, and by the public, appears to be absurd, as well as mischievous.

Gentlemen having obeyed the law, undergone an expensive and laborious education, are to have their only safeguard rudely swept away; and unprincipled untested men, are to be admitted to free and unimpeded competition with them, as candidates for public confidence. The public in general, ignorant of medical affairs, and incapable of a correct judgment as to professional qualification, yields credence and confidence to the ignorant, unscrupulous, and artful pretender.

In the "Statement" lately published by the Society of Apothecaries, upwards of fifteen hundred individuals are reported to have been rejected by the court

of examiners on the score of incompetency. In other words, those persons were considered to be unworthy and unfit to be entrusted with the care of the public health. But for this act of 1815, therefore, fifteen hundred incompetent practitioners would have been let loose among the community from amongst the regular aspirants to medical practice, to say nothing of the nostrum-mongers and quacks who would immediately have made their appearance.

In resisting the contemplated measure, therefore, we are endeavouring to vindicate the best interests of the public, as well as those of the profession.

That the medical polity of the country is susceptible of great improvement, we are well assured, and that many highly beneficial measures might be adopted, as well as pernicious regulations done away. Such changes constitute a legitimate reform, which would meet with our earnest and cordial support. Such reforms would elevate still more the legitimate practitioner; would render him still more useful and able in the exercise of his profession; and would mitigate, if they could not do more, the evils of empiricism.

Believing as we do, that such advantageous results might fairly be expected from an amendment of the act of 1815, by an extension of the powers of the court of examiners, and such other improvements as might be suggested, we would on this important occasion support the Society of Apothecaries, and offer them our strenuous aid, in resistance to the measure now in contemplation, and in furtherance of all improvements, of which the present act might be susceptible.

We would therefore strongly recommend immediate co-operation with that Society, on the grounds of prudence and good policy, as well as from the higher principle of gratitude for past services; until lately, too little appreciated, and too grudgingly acknowledged.

The members of the profession should therefore endeavour to impress on the minds of members of both houses of Parliament, the important bearings of this medical question, on the best interests of the whole people—to instruct them on the danger and impolicy of tampering, injudiciously, with the education and the interests of the great body of medical practitioners—to show them on what principles medical legislation should proceed, so as to be advantageous to the public, as well as to the profession—and earnestly to entreat them to beware how they open the door to dangerous and unprincipled empirics; whose unopposed entrance would be so injurious to the true interests of the legitimate and well qualified practitioner, and so incalculably dangerous to the health and well being of the public."

ALBERT NAPPER, of Guildford,

Secretary.

SIR JAMES GRAHAM'S MEDICAL BILL.

At a meeting of the medical profession of Leamington, Warwick, and the surrounding districts, convened for the purpose of taking into consideration the injury which would accrue to the profession, by the passing of the above bill in its present form, and held

at the Warneford Hospital, Leamington, August 22d, DR. MIDDLETON in the Chair;

The following resolutions were unanimously agreed to:—

1st. Proposed by Dr. Luard, seconded by Mr. Prichard—

That this meeting, having had their attention called to the provisions of a Bill which has been submitted to the House of Commons, by Sir James Graham, on the subject of Medical Reform; is of opinion that the unconditioned Repeal of the Apothecaries' Act of 1815, would be productive of great evil, both to the medical profession and the public, by throwing open the practice of medicine and surgery to unqualified persons.

2nd. Proposed by Mr. Jones, seconded by Mr. Rice—

That, therefore, this meeting do agree that a petition shall be presented to the House of Commons, signed by members of the medical profession of Leamington, Warwick, and the immediate neighbourhood, praying that, if it be deemed expedient in the proposed Bill to repeal the Act of 1815, such legislative enactments may be introduced as shall prevent all unqualified persons from engaging in the practice of medicine and surgery.

3rd. Proposed by Mr. Prichard, seconded by Dr. Homer.

That it is expedient that every member of the profession should exert all the influence he may have with any Members of Parliament, for the furtherance of the prayer of this petition.

4th. Proposed by Dr. Bourne, seconded by Dr. Jephson—

That the county members be respectfully requested to take charge of this petition, and to use their best exertions for its success.

5th. Proposed by Mr. Boulton, seconded by Dr. Burman—

That this meeting is desirous of expressing to the Editor of the Times newspaper, their sense of the powerful advocacy of the interests of the medical profession, which has been exhibited in several leading articles of that paper.

6th. Proposed by Mr. H. L. Smith, seconded Mr. Watson—

That the proceedings of this meeting be published in the Times newspaper, the *Lancet*, and *Medical Gazette*, the *Journal of the Provincial Medical and Surgical Association*, the *Birmingham Herald*, and the *Leamington Spa Courier*.

7th. Proposed Dr. Jephson, seconded by Mr. Prichard—

That the best thanks of this Meeting be given to the Chairman for his efficient conduct in the chair.

The meeting was attended by between forty and fifty medical gentlemen of the place and neighbourhood, whose signatures were appended to the subjoined petition, among whom were—Dr. Middleton, Dr. Jephson, Dr. Luard, and fifteen other resident practitioners, of Leamington; Dr. Bourne, Mr. Bury, Mr. Smith, Mr. Overton, and Mr. Barton, from Coventry; Dr. Thomson, and Mr. Rice, from Stratford; Dr. Burman, from Henley; Mr. H. L. Smith and Mr. Welchman, from Southam; Messrs. Kimble, from Knowle; Mr. England, from Wellesbourne; Dr. Montgomery, from Southam, &c. &c.

TO THE HON. THE COMMONS OF GREAT BRITAIN
AND IRELAND IN PARLIAMENT ASSEMBLED.

The Petition of the undersigned Physicians, Surgeons,
and Apothecaries of Leamington, Warwick, and the
surrounding districts,—

HUMBLY SHEWETH,—

That your petitioners, whilst they hail with satisfaction those portions of Sir James Graham's proposed "Medical Reform Bill," which they believe will tend to exalt the character of their profession, have read with deep regret, and one feeling of disappointment, that clause in the bill which, by repealing existing protective enactments, and removing all restrictions from the practice of medicine, would open the profession to any individual, however uneducated or unqualified.

That your petitioners recognize, in the legal qualification at present required in those who would practice medicine or surgery, a necessary guarantee to the public that such practitioners are competent to undertake the highly responsible and arduous duties of their profession, and a just protection to those who, by diligent study, and at a very great expense, have thus qualified themselves.

That, as in framing the proposed Bill, it has been considered expedient that certain qualifications shall be required in those few members of the profession who may be appointed to any public situations, your petitioners would humbly submit to the consideration of your Honourable House, the more urgent necessity of affording to the public in general, in the far more extensive field of private practice, the same protection, which has been, very wisely, thought necessary for the inmates of hospitals and workhouses.

That a result, which your petitioners feel assured would be deeply deplored by your Honourable House, would inevitably follow the passing of the Bill in its present form, viz.: a retrograde movement in medical science in this country, and the ultimate destruction of the respectability of the profession.

Your petitioners, therefore, now appeal to your Honourable House, in the confidence that their interests and the public good will be duly considered at your hands, and they respectfully, but earnestly, entreat that, if it be deemed expedient to repeal the Act of 1815, your Honourable House will see the justice of enacting some other law whereby the public may be protected, and the interests and honour of the medical profession efficiently maintained.—And your petitioners will ever pray, &c.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, August 23rd, 1844:—G. Leith; J. F. Rowlands; B. H. Costerton; T. Palmer; J. Rider; J. H. Dwyer; W. G. Sedgwick; R. Brent.

SYDENHAM SOCIETY.

The writer of a letter from Walsall will find that the report of the Sydenham Society is circulated with the Volume of Sydenham's Works recently issued.

METEOROLOGICAL JOURNAL FOR JULY, 1844.

Kept at Sidmouth,

By W. H. CULLEN, M.D., SURGEON.

Mean of External Thermometer at 9 A.M. 60.97

..... P.M. 58.74

..... the Maxima, 69.18

..... Minima, 54.40

Mean daily range. 14.70

Extreme highest on the 29th 73.75

..... lowest, on the 17th and 21st 48.50

Extreme range. 25.25

Mean Dewpoint at 9 A.M. 57.48

..... P.M. 54.

Mean of Barometer at 9 A.M. 29.905

..... P.M. 30.291

Extreme highest on the 21st 30.300

..... lowest on the 4th 29.554

Extreme range. .746

Number of days fine. 19

..... dull. 3

..... on which any rain fell 9

Quantity of rain in inches 2.02

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
5			4	9		2	11

REMARKS.

The mean of External Thermometer for eight preceding years, 62.53,

BOOKS, &c., RECEIVED.

The General Hospital, Birmingham. A Letter to the Right Honourable the Earl of Dartmouth, on the Corrupt System of Election of the Medical Officers. By Thomas Gutteridge, M.R.C.S., London, &c. London: Rivingtons. 1844. 8vo., pp. 14.

The Educational and Subsidiary Provisions of the Birmingham Royal School of Medicine and Surgery, set forth in a Letter to the Rev. Dr. Samuel Wilson Warneford, LL.D. &c. By the Rev. Vaughan Thomas B.D., Vicar of Stoneleigh, Warwickshire. Oxford: 1843. 8vo., pp. 65.

A Theory as to the Proximate Causes of Insanity, together with some Observations upon the Remote Causes of the Disease. By Beverley R. Morris, A.B., M.D. of Trinity College, Dublin; Physician to the York Dispensary. London: Renshaw. 1844. 8vo. pp. 36.

Observations on the Construction of Hospitals for the Insane. By Beverley R. Morris, A.B., M.D., &c., &c. London: Renshaw. 1844. 8vo., pp. 18.

Further Observations on the Use of Nitric Acid as an Escharotic, in Vascular Tumours of the Rectum. By John Houston, M.D., from the Dublin Journal of Medical Science for September, 1844. 8vo., pp. 49.

TO CORRESPONDENTS.

Communications have been received from Dr. Jeffreys; Mr. H. Dayman; Mr. John Gardner; Dr. Oke; Mr. F. Cox; A Parent with Sons to educate; Mr. J. Walker; Dr. Cullen; Mr. H. Smith, of Southam; Dr. A. W. Davis; Mr. Druitt; Dr. Robertson; and Dr. John Lee.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

LECTURES ON PUBLIC HYGIENE AND MEDICAL POLICE.

Delivered at the Manchester Royal School of Medicine and Surgery. Summer Session, 1844.

By JAMES BLACK, M.D., Manchester.

LECTURE III.

Having spoken on general climate, and on water and fuel, as influencing public hygiene, we shall now proceed to notice topographical climate, and the atmosphere of towns, as far as they may be thought to influence the public health of the inhabitants. Notwithstanding the great elements of climate depend upon the latitude and longitude of the country or place, and on the more or less proximity to the sea, inland lakes, or to great mountain ranges, and whether the country is insular or continental; yet as far as salubrity or unhealthiness is concerned, it is found that much depends on topical modifications of site and exposure. Thus, though the whole island of Great Britain has one general characteristic climate—having a mean range of temperature from about 45° to 55° of Fahrenheit, and being possessed of more or less humidity, yet it contains many points of subordinate climate, which differ from each other very considerably, as places of residence, in respect of salubrity; and still more especially as they affect invalids, and people labouring under certain predispositions of body. In former times, these distinctive climates of our country were more particularly manifest; as the fenny countries of Lincolnshire and Cambridgeshire were more remarkable for endemic ague, and Derbyshire for congestive growth of the thyroid gland or bronchocele, than they are at present.

Even on the same parallels of latitude we find the climates arising from the annual difference of the weather, to differ a good deal. Thus Yorkshire has a drier and somewhat colder climate than Lancashire, owing, in some measure, to a difference in geological structure—there being none of the lias, oolite, nor chalk formations on this side of the dividing chain of hills, while these run up far into Yorkshire on the other side: but the difference of climate chiefly depends on the eastern side of the island being first exposed to the dry and cold winds that come off from the continent, but which are much ameliorated before they reach the western

side. These winds, in the winter and spring months, are below the temperature of the German ocean, and that of the lower atmosphere of the land which they first reach; consequently, when they become more or less warmed, they are farther removed from their dewpoint, and give rise to dry weather. In the latter part of summer and in autumn, they arrive in a relatively opposite condition; they are hotter from the effects of radiation from the heated surface of the continent; they, therefore, if they have not at the same time imbibed much vapour, absorb it from the German ocean, and again deposit it on the coasts of Yorkshire, which are cooler than the continental lands, and so lead to condensation of their convected vapour. Hence fogs and heavy rains will occur on these eastern coasts, when there are none at the same time in Lancashire.

On the western side again, the climate is much influenced by the western winds. For while the Pennine chain of hills moderates the intensity of the cold eastern winds to us, the western winds, which generally prevail, keep our atmosphere moist, and expose us to much wet weather. In winter, and even in a cool state of the weather, these western winds bring much rain, while in summer and under a warm temperature they bring clear and fine weather. In the former case, as they previously sweep over the Atlantic ocean, which in these latitudes is never below 52° to 54° of temperature, throughout all seasons of the year, they arrive on these islands saturated with aqueous vapour nearly up to these points; but, as at these seasons, the surface temperature of our land is below these points of oceanic temperature, the consequence is, that these winds are reduced in temperature, their hygrometric or dewpoint is encroached upon, they cannot hold their convected vapour, and so it is precipitated in rain, while the country to the East may have very little or none at the same time. In summer, again, these winds carrying the same temperature and amount of vapour from the Atlantic ocean, on arriving on these islands, are heated by the solar rays above their constitutional temperature; they, therefore, become more warmed, their dewpoint is removed farther from their acquired temperature, and they come upon us dry, but soft and balmy, owing to the vapour they still retain. Many of the problems of

weather and climate in these islands may be explained on similar theories, founded on the direction of the winds, and the consideration of the surfaces over which they blow.

The general health in some parts of the kingdom appears more to be influenced by personal habits and modes of diet, than by anything that properly belongs to climatorial agency; such as the greater prevalence of calculous disorders in Norfolk and the neighbouring counties than in other parts of England or in Scotland, and the endemical frequency of what is called the Devonshire colic in some of our western counties. The cause of the former has been attributed by some to the potable water containing more alumina and lime than elsewhere, and by others to the more general use of wheat flour, taken in an unfermented state, as in the quantity of flour dumplings, which are eaten by the agricultural classes. The Devonshire colic is mostly confined to the cider counties, and may be fairly attributed to drinking the fresh or acid cider, which is manufactured in leaden presses and vats.

Topical climate is, however, much modified by exposure to the sea, the neighbourhood of hills, and the aspect of the place to the cardinal points, including the comparative elevations of the places above the level of the sea. Though much exaggeration has been committed by many hygienists in writing upon the local climates which they wished to recommend for residence and for invalids, which if we were fully to believe, it would appear that this island contains a sample of every blissful Baia that can be found on the face of the earth; yet there is no doubt, but several of these noted places possess many varieties of climate, so far as the invalid is concerned, and as tending to promote longevity. For instance, Malvern, though not far from Cheltenham, has a very different climate; it is bracing and cooler in its atmosphere, while Cheltenham is much warmer and more relaxing. We may, also, in this manner, compare Torquay with Brighton, and Harrogate with Leamington; but I shall leave the nicer distinctions of the climates and hygiene of these and other similar places to the more refined inquiries of a Clark, a Johnson, and a Granville—names well and justly appreciated as leading writers on this subject.

In a general view, when practically applied to the choosing of a site, either for a private dwelling, a workhouse, barrack, or other public building, it should be our recommendation to select a spot gently elevated above any general plain around, with an aspect to the south-east or south-west, and based, if possible, on sand, stiff marl or clay, or on chalk—avoiding the contact of the solid rock. The situation should also be, if possible, to the southern or western side of any wood that may be in the neighbourhood; and if marshes or swampy land cannot be avoided, the site should be to the eastward of them, as the dry easterly winds are the

more apt to imbibe any miasmatic emanations from these places. If in the neighbourhood of a large town, on the contrary, the site should be to the westward of it, as from the greater prevalence of the westerly winds, we will by this means be kept freer from smoke than if placed to the eastward.

In choosing any sites at the bottom of cliffs, or the base of hills, it should be our object rather to choose one situated on the outcrop of any rocky strata, than one on the dipping plane of the formation, as in the former case, our foundation will be kept much drier and freer from surface water. The vicinity of the sea is another important element in marking out a station. In hot climates the sea-breeze mitigates the heat of the day, and renders it endurable; and in temperate climates, the temperature is more equable than a site in the interior; but then, in either climate, a great extent of muddy beech is not desirable; and, above all, the neighbourhood of a marsh, into which sea-water occasionally enters, is to be rejected, as such marshes are observed to be more pestilential than mere fresh-water swamps.

A site in recently cleared forest land is more to be avoided than one on the very verge of a growing wood, or where the cleared land has been long under cultivation. It is observed, in North America, that many parts of the denuded forest country are now much more unhealthy than when they were covered over with trees.

We come now to make some hygienic observations on the atmosphere and other topical circumstances which affect the health and physical comforts of the inhabitants of towns and villages. Much has been observed, and reported on this important subject, of late years, both by private pursuers of science and philanthropy, and by public topographers under Government commission. Though great utility has resulted from many of these enquiries, yet a good deal has been advanced on something like gratuitous assumption. A want of chemical and meteorological information, and of strict reference to something like scientific deduction, has characterized several parts of these reports. Certain local atmospheres have been condemned as unhealthy, without any data from chemical or other evidence; while the insalubrity thus pronounced has been attributed by others, as wise and as enquiring, to the poverty and destitution, moral and physical, of the inhabitants affected. It is much to be regretted that our chemical analysis and our eudiometers are yet so imperfect, as not to enable us to detect those atmospheric contaminations which are productive of disease. If they were more perfect in this respect, we should be saved much vagueness and uncertainty in our conclusions, and much difference in many of our assumptions and reasonings. In default of these exact criteria and instruments of investigation, we must make the best and most philosophical use of the means we possess in judging of the insalubrity or deleteriousness or

otherwise of the sites or urban districts that may be the objects, at any time, of our inquiries.

Though the atmospheres of our large towns share, in common, in the general climate which characterizes the surrounding country, and partake equally in all the more marked and sensible of the meteorological changes that prevail over the adjoining districts, yet each large town may be held to possess a climate more peculiarly its own. When we consider the physical condition of such a town as Manchester along with Salford, having a population, as by the last census, of 262,627 inhabitants and containing within its precinct so many manufactories and chemical works, which are constantly, we may say, emitting into the incumbent atmosphere a multitude of gases and fumes, some innocent, many noxious to health, and others merely disagreeable or foul, we may be well prepared to conceive how much the local climate must be modified, if not greatly deteriorated by such circumstances. And if we still further reflect on the amount of carbonic acid gas and unconsumed carbon that are given off by our household fires, along with the amount of carbonic acid gas which is evolved by the respiration of so many human beings and animals that are congregated together, we may be surprised that such overcrowded and teeming places are fit for the healthy abode of any human being.

I have made some calculations on this subject, which may serve to illustrate the extent of this apparent enormity.

From a tray of water of the area of 204 square inches, which I placed on the top of my house, which was at some distance from any manufacturing chimney, I gathered, in seven days a deposit, weighing, when dry, 200 grains, which is nearly equal to one grain on every square inch. This is equal to 896 lb. for the acre, and which will be 256 tons for the square mile, which superficial extent will only include about the third of Manchester, Chorlton, and Salford. These 256 tons for seven days will give 36.57 tons of a deposit of soot, dust, and other exuvia being precipitated every 24 hours down on our streets, houses, and heads. I have also calculated the amount of the exuvial excretions that are given off daily by a population of 262,627 individuals, and allowing four ounces of feces to be excreted by each individual, young and old, (as Liebig found from observation of a number of adults that $5\frac{1}{2}$ ounces were daily voided,) we shall have 65,657 lbs., or about $29\frac{1}{2}$ tons for the daily amount of human excrement. And taking only 20 ounces of urine to be voided on an average by the young and adult, (as Dr. Prout allows 32 ounces as the average quantity for a grown person,*) we have 32,828 gallons, or 14 tons of urine thrown off into our cess-pools, sewers, and streets, every 24 hours.

This, however, is not all; we have another addi-

* Professor Johnson allows 27 ounces of urine to be daily passed by each individual.

tion to our atmosphere of a much more reputedly noxious element, which is elicited with an unremitted regularity, and that is the carbon that is exhaled in the form of gas from our lungs and skin. This is calculated at the lowest for our population, to amount to the enormous quantity of 131,314 lbs. daily. I have taken eight ounces of carbon as the average for each individual, Liebig and several others reckon 14 ounces as the quantity excreted by an adult daily from his lungs and skin. M. M. Andral and Gavarret, from their late experiments and observations, have found that the average amount of carbon exhaled from the lungs, in all ages of the male sex, is nearly eight ounces (troy) daily, and that for females is near seven ounces (troy). The highest amount for males, is between 20 and 40 years of age, being $9\frac{1}{2}$ ounces, and that for females between 38 and 50, being about seven ounces.

Taking into view this enormous mass of carbon that is daily thrown into the atmosphere, in the shape of carbonic acid, conjoined with that given off by the brute animals in the place, and the necessary great quantity of ammoniacal and hydro-sulphurous gases that are extricated from the ready decomposition of the excreted urine and feces, it may well excite our surprise, as it puzzles our philosophy, how animal life is at all maintained in health and integrity under these conditions. When we only calculate that, as eight ounces of carbon evolved by each individual takes twenty ounces of oxygen to form carbonic acid gas, so will the above-mentioned quantity of carbon evolved from the population, viz., 131,314 lbs., require 328,285 lbs. of oxygen, which again will form about 3,910,000 cubic feet of carbonic acid gas daily set afloat into the atmosphere into this town and neighbourhood, from this source alone.

Considering, I say, this enormous contamination of the incumbent air, and that, by very correct experiments, especially those of Mr. Coathupe, and Dr. Reid, animals die in an atmosphere where five per cent. of oxygen is replaced by as much carbonic acid; and that they become sick, and ultimately die, when replaced only by three per cent., we may conceive that there is a highly provident power in nature to render such enormous volumes of this deleterious gas, if not altogether innocuous to the health of the inhabitants, at least, quite compatible with comfortable existence, and the feeling of little or no inconvenience. One great preventive means employed by nature, is the law of diffusion, by which all gases have a tendency to permeate and spread themselves among other gases or vapours, arising from a repulsion between their own atoms and their tendency to occupy the interstices of other gaseous bodies. To understand this subject in its full and important length, we refer you to the already time-honoured and confirmed discoveries and views of our venerable townsman, Dr. Dalton.

This provident diffusion of carbonic acid gas, and other vapours, is also much promoted by the continued ascensional currents from the relatively heated air among our streets and court yards, and more immediately and perfectly effected by the almost daily currents of wind sweeping through the atmosphere. Another very powerful means supplied by nature for keeping the air in its normal state, and which is indeed much promoted by the very character of the urban atmosphere itself, is the rain that falls on the place. The affinity of water for carbonic acid is great, so that it will absorb its own bulk of this gas. The effect then of a shower of rain, after dry weather, is to precipitate or wash out of the atmosphere and carry away to our sewers, all the excess of carbonic acid gas that may have accumulated in its lower strata, or not have undergone that wider diffusion which time or aerial currents would have accomplished. Our own sensations testify to the exhilarating effects of a shower of rain in the town as much as in the country, it is undoubtedly more beneficial to health; for it has been observed since the days of Percival, that this town and the neighbouring country are more healthy in wet seasons than in dry ones. In the country rain acts more beneficially, in all likelihood, by repressing the exhalations from the soil, than from its precipitating the smaller proportion of carbonic acid gas that may have accumulated near the surface. This purifying effect of rain on the atmosphere of towns is not confined to washing out the carbonic acid gas, it also easily absorbs and precipitates the ammoniacal gas and any dry sulphurous acid gas that may be formed. The former of these latter gases, the ammoniacal, is found in considerable quantity in our atmosphere before a fall of rain. I have readily detected it in rain water, to which is added a little muriatic acid, evaporated to dryness, when, by adding caustic lime to the residue, a very sensible extrication of ammoniacal vapour is given off. The source of this ammonia, no doubt, arises from animal decomposition, and principally from the urine of the inhabitants and their domestic associates. It is this impregnation that renders our rain water, that is caught in cisterns, so very soft, notwithstanding its very dirty state, and dark appearance.

The great source of the hydro-sulphurous acid gas, which is also found, in varying quantities in the air, is from the combustion of the low and impure coal that is generally burnt in our steam furnaces. Being coal mostly from thin seams, and often shaly, it contains a good deal of sulphur in the form of pyrites, which is the chemical result of decomposed animal remains, now more or less in a fossil state. This gas is readily detected in the atmosphere; by exposing some slips of litmus for a few hours to the air in an open place, they will soon become reddened.

Besides the immense volumes of these invisible gases that are daily poured forth into our atmos-

phere, and that of similarly populous and industrial towns, from the thousands of animal furnaces and the hundreds of inorganic sources of combustion continually in operation, we have a visible and palpable nuisance, if not a noxious material, contaminating the atmosphere all around to the evident injury at least of vegetation, and that is smoke. Hygienists are not agreed on the extent, if any, to which this Tartarean contamination of our atmosphere is prejudicial to public health. We are very certain it is exceedingly injurious to property of all kinds, and entails thousands of pounds of expense to the inhabitants in counteracting its injuries to their personal cleanliness and household property and effects. That there is much and reckless waste of combustible matter in the mode in which manufacturing furnaces is conducted is evident, as it amounts in some well ascertained cases to near one-third of the coal supplied, but that the waste, in the form of smoke, beyond the inhalation of sooty particles, and the soiling of our persons and wardrobe, is prejudicial to the public health, or increases the amount of mortality, is not so well ascertained. To produce the same steam power, nearly the same quantity of coal must undergo combustion in any case, and consequently the same quantity of carbonic acid gas will be liberated into the atmosphere, but assuredly the waste might be saved to the furnace proprietor, and the general feeling, if not the actual amount of salubrity be promoted.

It is not merely the smoke which is offensive and injurious, which is nothing but the carbon precipitated by the cooler air, from the hydro-carbonaceous gases elevated by heat without a due supply of the necessary element of combustion, the oxygen of the air, but along with the smoke there are also emitted into the surrounding atmosphere, great quantities of the carbonic oxide, which is quite as unfriendly to animal life, as the carbonic acid.

This contamination of our urban atmospheres, from being now perfectly gratuitous, is the more to be reprehended, as it might be effectually prevented; and the continuance of the nuisance and injury, after the means, scientific and mechanical, which have been fully and satisfactorily pointed out, ought to subject every delinquent to indictment. Among other plans more or less effectual that have been proposed and adopted in many places, that of Mr. Williams appears, both on principle and on inspection of it in operation, to be efficacious in every respect. This consists in admitting a regulated supply of air beyond the bridge of the furnaces, by which the combustible gases are all burnt, and nothing but aqueous vapour and carbonic acid gas are allowed to escape by the chimney.

There can be no doubt, if such a plan were universally adopted throughout our large manufacturing towns, but that the local atmosphere might

be preserved in a state, infinitely purer, and the condition of the air over Manchester on Sunday, which is comparatively clear and pure, abundantly testifies the assertion. We must also observe, whatever the climatorial condition, in any season, the surrounding country may be in, such large towns as Manchester have a factitious one, more peculiarly their own, and which no doubt modifies their state of salubrity and longevity. This factitious atmosphere, beyond being based on the general climate of the country, is much modified by the local caloric that is generated by so many human beings, the multitude of household fires, manufacturing furnaces, and steam engines. Much of this surplus caloric, in clear weather, is radiated into the higher atmosphere; but when the weather is the least cloudy, it is not so readily dispersed, but reverberates through the lower strata of the incumbent air, and so produces that close and stifling sensation so frequently at such times complained of. This is not all; this comparatively heated air is charged with that hygrometric vapour which is due to its temperature, and when it follows its natural ascension, and meets with the cooler atmosphere which is the general climatorial one at the time, condensation of this vapour takes place, either in form of a fog, a smoky cloud, or in a drizzling rain, while the surrounding country remains clear, or is only visited by a passing shower, accompanied by some current of wind. It is thus that there is often rain in Manchester when there is none in the vicinity around, and our fogs in the latter part of the year are more prevalent than in the surrounding country. Our fogs at that period, and indeed at other times, when the upper atmosphere is very cold, generally, do not appear early in the morning, but about nine o'clock; they have their maximum intensity about noon, and either fade off or entirely dissipate by the afternoon. In the morning early, our local atmosphere, from radiation through the night, has been brought to the nearest point of equilibrium of temperature with that of the air above and around the place, the air is therefore clear; but after so many fires have been in operation for a few hours, the local atmosphere gets increased in temperature, its point of saturation for vapour is correspondingly augmented; when this warm air ascends, it soon meets with the greatly colder atmosphere at no great elevation; its due point is soon obtained; and so a precipitation of these low fogs takes place, which only give way to solution by the solar rays, acting with their maximum force in the after part of the day.

Considering, then, the abovementioned local and factitious elements, along with some others of minor note, which affect the meteorology of large manufacturing towns, our natural enquiry, as public hygienists, is, how far healthiness and longevity are affected by them, and by what means any injurious or offensive results from them may be remedied or

prevented. That they produce any special and general disorders of themselves, or that they give rise to, or increase the intensity of any of our epidemic diseases, there is no proof. In fact, some have asserted, and not without reason and experience, that such an atmosphere is favourable to some asthmatic disorders, and that the murky and heated air of our cotton-mills was a shield from the epidemic cholera to the operatives employed in them. To the acclimatized inhabitants, such local atmospheres of themselves, rather tend to induce a lower state of tension in the nervous and muscular powers, oscillating frequently between health and derangement of function, than to the production of any special disease. I will not attribute to these meteorological causes the prevailing disorders of the nutritive organs, but rather to intemperance, poverty, and errors in diet; for where even the poorest and sickliest, and those who may be said to be broken down in constitution, are put under a regulated system of simple food and drink, as in our Workhouse, very few disorders of the nutritive organs make their appearance, absolutely, or in comparison with other diseases affecting the chest, heart, nervous, and muscular systems; and those that exist on admission readily yield to treatment. Good diet and improved moral and religious habits, will change the alleged insalubrious character of many places.

To show that there are some other causes tending to deterioration of human life among the inhabitants in these manufacturing towns than meteoric ones, we may compare the rate of mortality in Manchester and Salford with that in Liverpool, which is very differently situated, and having not near so many manufacturing establishments to load the air with the products of combustion. By the last Registrar's report, the rate in Manchester and Salford is 3.46 per cent., while in Liverpool it is 3.537 per cent., which exceeds the former by 97-1000 per cent. In Leeds, again, which would seem to be more allied to Manchester, in its meteorological condition, the rate is only 2.712 per cent. to the number of inhabitants. The amount of smoke and dust in the atmosphere we can readily appreciate, both in their injury to property and person, but it is not so easy to ascertain the extent and kind of injury which the invisible and factitious gases thrown into the atmosphere have upon the health and longevity of the inhabitants. There can be no doubt that in dry weather and from the want of ventilation, they accumulate, in some parts, to a very noxious extent, notwithstanding all their constitutional tendency to diffusion.

In low situations, carbonic acid gas is very apt to exist in more than its normal quantity in the atmosphere, and in one instance I witnessed its fatal accumulation during one night in a recently sunk shaft of about 20 feet deep, sunk in the area of a manufacturing establishment in this town, and

where no old well nor sewer had been broken into. The gas might certainly have reached the shaft by the horizontal seams of sand and marl, but this was not ascertained. The circumstance showed that this gas either permeates the substrata from the sewers, or is apt to run off from the surface to the lower repositories in the vicinity. When we take into consideration the enormous volumes of this gas alone that are daily emitted into the atmosphere of the town, we may legitimately infer that, in the absence of rain, of ventilation, and with no growing vegetable surface to absorb and fix it for the nutrition of trees and plants, it will accumulate to an extent that is injurious to the health of those exposed to its influence. It has been surmised, even by the noted Evelyn himself, that trees and plants are favourable to human health, and tend to purify the air to the inhabitants of towns. With this view the trees in St. James's Park were first planted; and now, when we know how vegetables are nourished at the expence of the carbonic acid gas in the atmosphere, we can easily see how they tend to purify, as it is called, the atmosphere, and keep it better fitted for respiration.

There is no doubt but that squares and rows of trees growing through our large towns, would not only be a most pleasant ornament and shade, but in showery and sunny weather, but they would also, to some extent, act as scavengers of our polluted atmosphere; but the difficulty is, to make them grow. This difficulty does not however wholly depend on the gaseous state of the atmosphere in our towns, though plants are found to wither and die where the atmosphere is charged with a very large proportion of carbonic acid, but it is owing to the smoke and other earthy particles which load the air, and by closing up the pores and spiracles of the stems and leaves, impair their absorbing and transforming functions. In New York and Philadelphia, both very large towns, but where few manufactories are established, I have seen trees grow well in the streets and squares. In many of the continental towns the same is observed, and if we could divest our atmosphere of smoke, there is little doubt but our large towns might possess nearly equal comforts and enjoyments.

Our large towns have, seemingly grown up, to their present enormous proportions, with an utter disregard to the compensating actions and re-actions of nature; for we may well conceive that if timely provision had been made for the reservation of open spaces, planted with trees and shrubs in different parts of the town, and that we had anticipated by some years, the mode of preventing, rather than of consuming smoke, we might, by this time, have had our atmosphere kept in a much purer state, by so many of these squares and clumps of vegetation, acting as so many lungs to give increased life and vigour to the inhabitants. To have the most effective and salubrious

benefits from trees and plants in the midst of towns, and indeed near dwellings anywhere, they should be planted in open places, where they may receive the full effects of a wide exposure to the sun's rays; for it is only in such circumstances that plants exert their purifying function in their more beneficial operation. With solar light and heat they only absorb carbonic acid and give out oxygen, while at night and proportionably in dark and shaded places, their organising powers are at rest or impaired, and more or less carbonic acid is, on the contrary, evolved.

FATAL POISONING FROM FIFTEEN OR TWENTY DROPS OF THE ESSENTIAL OIL OF BITTER ALMONDS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The use of the essential oil of bitter almonds for domestic purposes has now become so general, and it has lately been so frequently resorted to as an effectual means of self-destruction, that it behoves the members of our profession to take every opportunity of exposing its great power and dangerous properties. The following case presents a striking example of the fatal effects it produces, and if you agree with me in thinking that the smallness of the quantity here taken is sufficiently well ascertained, it is also a case of considerable medico-legal importance, and you will oblige me by inserting it in your columns.

I remain, Sir,

Your obedient servant,

HENRY GRAVES BULL, M.D.

Hereford, August 5, 1844.

On Monday morning, July 29th, I was sent for, in a great hurry, to see a woman who "had taken something, and was dying." It was five minutes to eight o'clock when the messenger came, and before the hour had struck I arrived with a stomach pump at the bedside of the patient. I found her in a room at the top of the house. She was lying in her night shift on the bed, quite insensible, and scarcely alive. Her head was on a high pillow, bent over the chest, and hanging to the left side, as if by its own weight. The face was extremely livid, the lips were separated, the teeth clenched, and there was much froth about the mouth, running over the cheek. The eyes were half shut and glassy; the pupils rather dilated, and directed upwards; both were irregular, the left one particularly so; and the iris of both was immovable. The regular respiration had ceased, but at short intervals the chest was expanded by convulsive action. The action of the heart had not entirely ceased, but its pulsation was exceedingly feeble, indeed scarcely perceptible. I could not detect any pulse at the wrist. I did not notice any smell in the room on entering it, or whilst making the above observations. She had the appearance of a person dying from disease of the heart, apoplexy, or epilepsy, and I asked of the person there, how she knew that anything had been taken; and bid

her look about for the bottle or cup it had been taken from, whilst I examined her. She found almost immediately a small half-ounce bottle, in a little reticule bag, which was hanging on a chair close by the bedside. The bottle was corked, and the strings of the bag closely drawn up. It was distinctly labelled "Essential oil of bitter almonds," "Poison," and still contained about three drops. There was no vessel in the room out of which it could be taken. There was no appearance on the bed of vomiting having taken place.

I immediately sent off the attendant for some ammonia and brandy, and took up the water jug and dashed cold water over her repeatedly. This did not produce any visible effect, and I passed the œsophagus tube, and injected the remainder into the stomach, and quickly pumped it back again. On passing this tube down the throat I first detected the bitter almond smell, but the whole room was filled with the odour as I pumped up the contents of the stomach. I injected about a quart of water, and brought as much back again of a pale straw colour, and only containing some small shreds of mucus. By this time a small quantity of brandy and sal volatile was brought, which I injected with cold water, and afterwards removed to inject a full dose of hot brandy and water, ammonia, and æther, as soon as it could be procured. In the mean time I ordered the attendants to rub the limbs and surface of the body, which was rather cold, with flannels, whilst I endeavoured to excite respiration. These efforts were continued for upwards of an hour, but without success. The convulsive action of the chest had ceased shortly after my arrival, and I never could detect a second time the least pulsation of the heart. I had no apparatus with me for maintaining artificial respiration for any length of time, and it probably would not have succeeded if I had.

MORBID APPEARANCES.

Sectio cadaveris, nine hours after death. The body was lying in the bed as it had been left, and had become rigid. The lividity had disappeared from the face, which now presented almost a natural appearance. The skin generally was mottled or marbled. The hands were not clenched, nor the finger nails livid.

The abdomen was rather full, but on opening its cavity the general appearance of the organs was perfectly healthy. Neither the medical friend who was with me, nor myself, could detect the least almond smell, nor could we afterwards discover it in the cavities of the chest, the head, or the heart, nor yet in the venous blood, with which the system throughout seemed somewhat gorged. The external appearance of the stomach was natural, and after tying up the orifices I removed it, with the contents, entire. The bowels were neither empty nor distended; the duodenum contained some food. The ascending colon was moderately distended with fæces; the descending colon and rectum were empty. The liver, spleen, pancreas, and mesenteric glands appeared natural. The left kidney was rather larger than the right and contained a small cyst within its substance; the bladder contained about four ounces of ordinary urine; the uterus was of the usual impregnated size.

I next opened the thorax; the lungs seemed remarkably healthy, and were without adhesions. The cavities of the pleura contained each about two or three ounces

of pure serum, the pericardium about six drachms. The coronary veins of the heart were distended. The heart itself was small and firmly contracted. It was quite empty, containing neither blood nor fibrine. Its cavities were healthy, and its valves quite perfect. The blood in the venæ cavæ was coagulated, though not very firmly.

On opening the cranium, the dura mater appeared quite natural, as was also the arachnoid, with the exception perhaps of a slight opacity of the sides of the brain, and in the course of the great vessels. There was a general effusion of serum over the surface of the hemispheres, but small in quantity, except at the vertex of the right hemisphere, where about a drachm of very pure transparent serum raised the arachnoid membrane, and widely separated the sides of the convolutions beneath. This effusion seemed quite recently thrown out, though it must have produced considerable pressure on the brain during life. There was a similar effusion on the left hemisphere, in nearly the corresponding situation, but not to so marked an extent, the quantity of serum effused not being more than half a drachm. There was effusion also in the ventricles, and at the base of the brain, but not to any great amount. The brain was large and firm, its vessels rather congested.

On opening the stomach, it was found to contain three or four ounces of the fluid last injected, viz., brandy and water, æther and ammonia, with some mucus, but not a particle of solid matter. The bitter almond smell could be detected readily enough, but it was not at all strong. The lining membrane throughout was considerably congested, (the large veins standing out very distinctly,) particularly at the back part of the larger extremity. The follicular glands of the stomach were visible more or less distinctly throughout its whole surface, particularly near the pyloric orifice, where they were as large and distinct as millet seeds. There was a very slight extravasation of blood in one spot, but as this was in a situation corresponding with the cardiac orifice, it was probably occasioned by the end of the œsophagus tube.

PREVIOUS HISTORY.

Catherine Preece, the subject of the above observations, was 49 years of age, unmarried, and small in stature and person. She was respectably connected, and had obtained considerable reputation for her general intelligence, and her skill as a cook and pastry-maker. For many months past her manner had at times been very strange and unaccountable, and in a six weeks illness which she had a little before Christmas, (suffering, the witness said at the inquest, from an "affection on the stomach and nerves,") she had shown such decided symptoms of insanity, that the medical gentleman attending her had expressed his fears that it would soon be necessary to put her under restraint. Her spirits were at times very depressed, from not being able to obtain another situation. She had lost more than one, I have since heard, from intemperance.

About three or four months since, Miss Preece called at a druggist's, to purchase some of the essential oil of bitter almonds for flavouring pastry, and named some person for whom she was going to make it. She called three times before it was given her, and then received twenty drops, dropped by the hand from

the full bottle, by the druggist himself, who gave her a particular caution about its dangerous properties. The drops were put into the half-ounce bottle found at her bed-side, and distinctly marked "Poison." It did not appear that she had told any one of her purchase, and no one knew of her keeping it constantly by her. Since this time she had no situation, and had not been out to make pastry. For the three days previous to her death she was visiting at the house of Mr. Caines, a writer in this city, to assist his wife and family in sewing. She seemed in pretty good spirits, and only complained on one occasion of being unable to get a situation. She eat her food pretty well, and did not drink anything but tea and water. Miss Caines slept with her every night, and on the morning of the deceased's death got up a little after six o'clock while she was asleep, but she spoke to her before she went down stairs, and did not notice anything particular in her manner.

About half-past seven o'clock, Mrs. and Miss Caines heard the deceased call out from her room, (the doors being all open,) "Harriet! Harriet!" and then "Mother! Mother!" and they both went up-stairs. On entering the room they both smelt the odour of bitter almonds, and Mrs. Caines said to her interrogatively, "Miss Preece! Miss Preece! you've been taking something?" The deceased threw her arms about as if in pain, and said "Where am I! Where am I! Oh! my brother! My brother!" and went off into strong convulsions, her face soon becoming very red. They were both much frightened, and went down to fetch a neighbour to see her, before they sent for me. Mrs. Caines thought that from fifteen to twenty minutes might have elapsed from the time of her calling out, until my arrival at the house, and it was probably rather more. A laudanum bottle was also found in the room, but it still contained about a drachm, and there was satisfactory proof that none had been taken.

THE QUANTITY TAKEN.

The circumstantial evidence tends to shew, that the quantity of the essential oil swallowed did not exceed seventeen drops, and I was very anxious to confirm this, as far as possible, by a careful examination of the fluids pumped up from the stomach. The quart of cold water first injected and withdrawn must have contained the principal amount of the oil taken, for the smell of bitter almonds in the fluids afterwards pumped up was very trifling in comparison. Of this fluid I took two ounces in a clean bottle I happened to have with me, and it was fortunate I did so, for the remainder was inadvertently thrown away shortly afterwards. If the estimate of the quantity taken was correct, each ounce of this fluid should contain about half a drop of the essential oil, allowing a little for the quantity remaining in the stomach, &c. I supposed it to be so, and then made a solution of this strength with the same essential oil taken by the woman, for the purpose of comparing them accurately together, and noticing the different effect of the reagents on them. With one ounce of my solution, containing half a drop of essential oil, made with spirit and distilled water; and with one ounce of the solution as first pumped from the stomach, I made the following comparison:—

Observation 1. The odour of bitter almonds from my

solution was much stronger than that pumped up from the stomach, but it must be observed here that the latter had been exposed to the air for some time, which might in a great measure account for this difference.

Observation 2. A solution of *nitrate of silver*, with my solution of the essential oil, did not throw down any precipitate, though it rendered it a little opaque or turbid. With the solution from the stomach, it immediately produced a copious precipitate, which soon became violet-coloured. I could not detect the least trace of cyanogen from this precipitate, which was no doubt owing to the organic matter in solution.

Observation 3. The test with *solutions of caustic potash, sulphate of iron, and sulphuric acid*, for Prussian blue, used with my solution, gave a distinct well-marked shade of blue; used with the solution from the stomach, it did not produce any evident blue colour at all.

From the second ounce of the solution from the stomach, mixed with distilled water, I distilled over two drachms into the receiver, leaving the residue free from the almond odour or taste; and then added distilled water to make the ounce, which I again compared with my solution of the given strength of half a drop of the oil to the ounce.

Observation 4. The odour was still very much stronger with my solution, than with that procured from the stomach.

Observation 5. The nitrate of silver test did not show any distinctive effect, scarcely producing the least difference to either.

Observation 6. The potash and iron test for Prussian blue, gave the solution a very distinct blue colour, but it was not so deep a blue by a shade or two, as that again produced by my solution. The result of these experiments seems to show in every instance, that the solution from the stomach did not contain so much prussic acid as the given solution of the essential oil; and therefore, *that the first quart of fluid pumped up from the stomach did not contain fifteen drops.*

This conclusion is by no means satisfactorily proved, but where we are unable to obtain positive proof, we must rest satisfied with as close an approximation to it as we can procure, and my conviction of the near approach to it in the present instance is strongly confirmed by the fact of the result of the experiments coinciding with tolerably clear circumstantial evidence as to the quantity taken.

GENERAL REMARKS.

The principal point worthy of notice in the symptoms presented, is the absence of the bitter almond odour about the patient's mouth; but this has previously occurred in a case given by most of the authorities, where a druggist poisoned himself with this essential oil; otherwise they are those ordinarily produced in cases of poisoning by prussic acid. The absence, too, of this odour, throughout the cavities of the body and in the blood, as shown by the inspection after death, though a rare, is not an unprecedented occurrence. The local effusion of serum beneath the arachnoid, producing so great an amount of pressure, is a singular occurrence as far as I am aware of. It had every mark of being quite recent; that is, there was no evident affection of the arachnoid, the pia mater, or

the brain, and no great amount of vascular turgescence, and, moreover, the fluid seemed to have confined itself simply by its own rapid local exudation pressing on the surrounding parts, for, with very slight pressure, when the calvarium was removed, it disseminated itself in the surrounding sinuses. Was this the direct consequence of the poison taken or not? I am inclined to think so, if the state of the circulating system generally, that is, the emptiness of the heart and arteries, and the general venous congestion, be owing to this cause, and was suddenly produced. The state of the follicular glands of the stomach must have existed for some time previously, and to this condition was probably owing the pain and uneasy sensations she had suffered from, more or less, for some time before.

The jury asked if such a condition might not produce such painful sensations as would induce her to take the essential oil by way of relieving herself? I thought not; the pain would not be violent, although from the empty state of the stomach I thought such uneasy dyspeptic sensations might be produced as would occasion extreme depression of spirits. From the circumstances of the case there can scarcely be a doubt but that she took it as a poison, with a view of destroying life.

The interval which elapsed between the time of her swallowing it and that of her becoming insensible, is well worthy of notice, though not uncommon. She was able to cork the bottle, put it in the bag, pull the strings, and hang it on the chair, before it took much effect, though it is necessary to remark that all this could be done without the necessity of her getting out of bed.

At the close of my examination at the inquest, (before Peter Warburton, Esq., coroner for the city,) I gave it as my opinion "that death was occasioned by the essential oil of bitter almonds, taken on an empty stomach, and that the deceased did not take more than fifteen or twenty drops." This opinion was grounded on the symptoms being such as would be produced from a like cause; on the presence of the morbid signs which the inspection of the body usually shews in such cases; on the absence of any other evident disease capable of producing death; on the state of the system at the time being most favourable for the operation of this poison; on the presence of the poison in the stomach; and on the authority of cases which have previously occurred. I then read to them the case which occurred to Mr. Chavasse, of Birmingham, where a druggist took half an ounce of "almond flavour," containing about 30 drops of the essential oil, which is detailed in Taylor's work on Medical Jurisprudence, recently published. It was taken on a full stomach too, but though it did not terminate fatally, the man had a very narrow escape with his life.

The essential oil has every appearance of being very good, and if it really is so, it will not excite much surprise that fifteen or twenty drops should have produced fatal effects, since it contains, according to Christison, from 8 to 14 per cent. of pure anhydrous prussic acid, whilst the official prussic acid does not contain more than from 1 to 6 per cent. of the pure acid. It is therefore nearly four times as strong, and if we suppose the oil to be only of moderate strength, say 10 per cent., the dose of fifteen drops will contain

a much larger quantity of pure prussic acid than has ever been taken by man without proving fatal, whilst numbers of cases are on record where a smaller dose has produced death. It is not uncommon for druggists to sell it to ordinary customers in this concentrated form, or in one but slightly diluted under the name of "peach-nut oil," but they surely should never be allowed to do so. Even the different preparations from it, as the "essence of almonds," "almond flavour," "ratafia," &c., which are sold every day for domestic purposes, are much stronger than is generally supposed. The dilution is seldom greater than one part of the oil to seven or eight parts of the diluent, and in this form they are very nearly as strong as the prussic acid of the London Pharmacopoeia. The druggist on the present occasion used every other caution, and only erred, as most of his brethren err, in selling it in so condensed a form, which should never be permitted. That so deadly a poison as this should be allowed to be sold for the purpose of flavouring pastry, liqueurs, and other articles of diet, has already been pointed out by Professor Taylor as a glaring instance of the disgraceful state of medical police in this country; and it is to be hoped, ere long, that some check will be given to prevent the unrestrained sale of this and other powerful poisons which may now be everywhere procured, and by every body. Such a restraint, although perhaps it might not lessen very much the number of cases of self-destruction, would at any rate prevent the occurrence of such fatal accidents, as must otherwise take place from time to time; and the sooner it is established, the better.

EXTRAORDINARY CASE OF GUN-SHOT WOUND, WHERE THE CHARGE PASSED FROM THE NAVEL TO THE BACK, WITH-OUT FATAL CONSEQUENCES.

By EDWARD DANIELL, Esq., Newport Pagnel.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, August 8, 1844.)

The following case will perhaps be interesting more from its novelty than for its value in a surgical point of view.

John Smith, a fisherman, aged about 25 years, went out on a Sunday morning, in the winter of 1837, with two companions. One of these persons possessed a gun, which was so constructed that it could be taken to pieces and stowed in the pocket. I am not prepared to say whether these gentlemen designed a trespass on the game-laws, or whether their predatory excursions had only reference to those minor bipeds, which the legislature have considered too insignificant for their especial protection. I opine, however, that any wild animal capable of yielding a Sunday's dinner, would have been in great jeopardy had it have been luckless enough to cross their path at that time. Certain it is they themselves felt their pursuit was lawless, for they hastily took their weapon to pieces, on observing the owner of the fields approaching them. In re-adjusting it a second time the stock was not in perfect apposition, and the *viscære*, whose business it was to render the weapon *fireworthy*, observing this defect, sought to remedy it by striking the butt end sharply upon the

ground. The result may be anticipated, for the gun went off, lodging its contents in the body of John Smith, who stood about three yards from its muzzle.

I was sent for immediately, and arrived just as the poor fellow was brought home. The contents of the gun had entered about half an inch below the navel, on the right side, and had passed out about two inches above the hip, and three from the vertebral column; the distance from wound to wound was about six inches. I could not decide at the moment whether the charge had passed directly through the body, or whether by the resistance of the abdominal muscles, it had been diverted in its course, and had made a semicircular transit immediately under the integuments. Such a thing struck me as being possible, although not very probable. Under the circumstances I thought it right to give a very unfavourable prognosis, and the family of the poor man were prepared for a fatal issue. The ignited wadding or cartridge passed through the wound unextinguished, and set fire to the shirt, opposite the posterior opening.

The public prints gave a detail of the accident at the time, but the public were never informed of the result.

Perhaps it may be in the recollection of many gentlemen present, at any rate it must be familiar to those who are in the habit of reading and treasuring remarkable surgical cases, that in the year 1811 or 1812, a gentleman in the act of taking his horse from his gig, was in consequence of the impatience of the animal, suddenly pinned to the wall, the end of the shaft coming in contact with his side, penetrated the thorax, making its way completely through the chest, and passing out under the opposite axilla. My memory will not serve me to mention the name of the surgeon who attended, and afterwards published a narrative of the case. Sir William Blizard, I know, was called in. I had an opportunity of examining this case after the patient's wonderful recovery. He was brought to Mr. Brookes's amphitheatre, at the time I was a pupil there; the pamphlet was read, and the gentleman submitted himself to be freely examined by all the students. The case made a great noise at the time. I quote it simply to justify my own practice in the manner I treated John Smith. The surgeons looked upon the case as hopeless; so did I. They merely defended the wound; I did no more. There was neither probing nor poking, no endeavours to remove extraneous substances. Nature was left to her own operations, and nature in each case did her business, far better than we, her assistants, could. In the case of John Smith, the wounds digested properly, portions of garment, and other extraneous matter passed out at the posterior opening, and about 40 shot passed with them. There still remains under the integuments perhaps 15 or 20 of the shot, but he suffers no inconvenience from them, and is scarcely aware of their existence. The man continues in excellent health.

I am quite aware that this case has nothing to recommend it to your notice, except as exhibiting one of those extraordinary events, which show either the marvellous interposition of Divine Providence, or a concatenation of opposing influences, whereby what would appear to human judgment as mortal injuries, are, after all, without human aid, rendered harmless.

To account for these anomalies is out of the reach

of mortal speculation, for who is capable of pointing out the idiosyncrasy which succumbs in one case, and resists in another; or can tell by what extraordinary process the most formidable weapons shall enter the great magazine of human existence, and in the rudest manner interfere with the most delicate structures, and the functions of animal life be yet preserved.

There is one practical inference which I think may be drawn from this case, and that is, in deep and dangerous injuries, where vital parts may be involved in the mischief, the less we interfere with the processes of nature the better, and I am convinced that much evil is often inflicted by our readiness to anticipate the beautiful workings of the *vis medicatrix nature*.

INFLUENCE OF MALARIA IN THE PRODUCTION OF INTERMITTENTS AT SOME DISTANCE FROM ITS SOURCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have received by this day's post, from an early friend of mine, and a man of first-rate attainments in his profession, — Henry Parkin, M.D., lately principal medical officer of the Royal Marine Infirmary at Woolwich, — a letter containing some remarks which, perhaps, you will think with me, are of sufficient importance to be submitted to the world through the medium of your pages. They relate to the fact adverted to in the address which I had the honour of reading to the members of the Provincial Medical Association, assembled at Northampton, on August 7th that fevers of an intermittent and remittent type not unfrequently appear at a considerable distance from the source of the malaria that causes them. To make the subject perfectly intelligible to your readers, I shall subjoin, first, the extract from my address; and then Dr. Parkin's interesting commentary upon it.

Believe me to be, Sir,

Yours faithfully,

A. ROBERTSON, M.D.

Northampton, Aug. 24, 1844.

Extract from Dr. Robertson's Address, read before the Provincial Medical and Surgical Association, at Northampton, on the 7th instant:—

"In 1828, ague was epidemic hereabouts. In that instance, it was surprising to see how it smote higher elevations, even more than villages on a much lower level. The reason of this curious and unexpected fact probably is, that the miasmata producing ague, though generated in low grounds, or swamps, are sure to rise in the atmosphere by their levity, and are apt to impinge against the neighbouring heights. What the miasmata precisely are, in their chemical properties, we know not; but it is certain they attach themselves to the hydrogen gas usually evolved in situations where there is stagnant water, or decaying vegetable matter. With the hydrogen they rise into the atmosphere, and often become more manifest, as I have just said, at a distance than nearer to their source, as causes of disease."

Extract from a letter addressed by Henry Parkin, M.D., for many years senior physician of the Royal Marine Infirmary at Woolwich, to A. Robertson, M.D., President of the Provincial Medical and Surgical Association. Dated Woolwich, 23rd August, 1844 :—

“There is a passage in your address that caught my attention particularly, as recording a fact which I have had occasion to observe here; namely, the distant influence of the malaria of ague from its origin. A hot sun following heavy rain, and accompanied by a light air from the eastward, exhibits the first cases of ague, on, and about the *top of Shooter's Hill*, where they are mild and easily curable. But as the cause continues, its effects are gradually traceable down the face of the hill to Plumstead Common, where the cases are much more severe, and the type of the disease is modified; and thence to the village below, which is situated on the verge, and gives name to the *Plumstead* marshes; where the character of the disease is purely *remittent*, and exhibits all the phenomena of the *Walcheren* epidemic; and here is found the habitual sallow complexion, with its usual concomitant disease of the abdominal viscera, commencing in congestion, and terminating in dropsical effusion. Men who have entered the hospital from which I have lately retired, and been placed near the windows upon the eastern aspect, having syphilis, or what not, have been attacked by ague even at the distance of three miles or more from the source of the malaria; while the patients on the *other side of the ward*, have been unaffected.”

[Similar facts have been observed by the late Dr. John Macculloch, and are recorded in his work on remittent and intermittent diseases, published some years ago. Ed.]

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 11, 1844.

The report of the Collegiate School of Medicine of Birmingham, to which we have alluded in another column, affords valuable evidence of what may be effected towards the improvement of the medical profession, by zealous and persevering exertion. It is from such efforts as these that we are led to expect brighter prospects than the present aspect of affairs would seem to warrant. Our lamented associate, Dr. Barlow, whose long attention to the subject, and comprehensive views, qualified him better than most persons to form an opinion, constantly urged that sound principles of medical education must form the basis of a real and efficient reform of our Medical Institutions; and, in as far as the right to public protection of the corporate and individual privileges of medical practitioners must depend upon their genuine claims to public

confidence, there can be no question of the correctness of this opinion.

Let us for one moment retrace our steps, and, looking at the position of the medical profession prior to the passing of the Apothecaries' Act of 1815, what, it may be asked, would have been the effect with which the removal of all restrictions from the practice of medicine by the ignorant and the unqualified must, at that time, have been attended? Many of the apothecaries or general practitioners of that day were no doubt men of high attainments, deserving of public confidence, and well qualified for the duties of their profession; but a vast number of those who at that time were practising as apothecaries, with or without licence, were as entirely without real claim to the protection of the legislature, as any empirical trader in human life and health, to whose homicidal practices on his fellow creatures the bill of the Home Secretary affords both countenance and encouragement. Whether or not the power was vested in the right hands we shall not here stop to enquire, but the principles recognized by the act of 1815,—real medical qualification, and protection for the public from the practices of the unqualified,—are sound and just. As far as the provisions for carrying them out would admit of, they worked well; a class of practitioners of far higher qualifications was, in the course of a few years, prepared for the public service, and though the protective clauses of the act were difficult to put in force, imperfect and unsatisfactory in operation, and not always wisely applied, the dread of the power which unquestionably existed, proved a salutary check upon the illegal practitioners and a corresponding safeguard to the public.

We have before contended that the Government is, on general principles, called upon to protect the subjects of the state from the artifices of designing men; and that it by no means weakens the claim to protection, because the victim of the artifice, from want of knowledge, himself becomes an assistant in the delusion under which he is the sufferer. A wise legislator, therefore, irrespective of the claims to consideration of the authorised medical practitioner, or of the actual condition and efficiency of the medical profession, would have felt it his first duty to endeavour to provide against all such artifice and delusion. The

injury resulting to the community at large from whatever cause, whether from the practice of the unqualified or from the want of proper medical advice, forms the chief ground on which his interference as a legislator is called for, and every provision for the due regulation of the medical profession which he recommends, or proposes to enact, should have this principle mainly in view. The object, therefore, of the Home Secretary, even had the qualifications of the existing medical practitioners been less eminent than they now are, should have been to give protection from the unqualified; and in furtherance of that object, to regulate and improve the qualifications for practice of those who were to be licensed to undertake the charge of the sick. But when medical practitioners, most of them well-qualified by high professional acquirements, come forward to solicit such further improvements in the regulation of their collegiate and corporate institutions as the onward course of events, and more enlarged experience, has pointed out as likely to prove beneficial,—to be met at the threshold with a declaration that the public must henceforth be left a prey to artifice and delusion, and that the illiterate and the unqualified pretender to medical skill must, as far as the right to practice medicine is concerned, be placed on the same footing as themselves, is as monstrous in principle as regards the medical profession as it must prove injurious in practice to the interests of the community.

Now that which gives such strength to the position of the present race of medical practitioners, in the resistance which they are about to offer to this absurd and uncalled for deviation from sound principles of protective government, is the high character for professional knowledge and skill to which, partly from the operation of the Apothecaries Act, and partly from other causes, they have attained. It is the professional and other attainments which they are already known to possess, which gives strength to their position, and the force of truth and justice to their arguments. We do not think that these arguments, if perseveringly, firmly, and temperately urged, can ultimately fail of effect. Even the Home Secretary himself, prejudiced as he probably is in favour of his own views, albeit perhaps hastily taken up, we would fain hope will be disposed to regard, with some-

thing like respect, the unanimous expression of opinion with which this portion of his measure will be assailed. The claim of this opinion to his consideration, as well as to the consideration of those who are ultimately to deal with the measure, results from the intellectual position of those who urge it, and every measure which tends to exalt that position, whether its bearing be immediate or remote, at all times of importance to the welfare of the profession, becomes now of far higher moment, and is fraught with consequences which can scarcely be anticipated. The establishment then, of those institutions, the object of which is to facilitate the acquirement of preliminary and professional knowledge, to cultivate the intellectual faculties, and to inculcate at the same time those principles of morality and religion, without which the most splendid acquirements but too frequently tend only to facilitate the commission of evil, must be hailed with feelings of deep gratification.

To return to the subject which has given rise to these observations, we look upon the introduction of the collegiate system into the provincial schools of medicine, as a great step towards the attainment of a real improvement in the condition of the medical profession; and we may add that no careful observer of the progress of events can give attention to Mr. Martin's benevolent project of providing sound preliminary education for the sons of members of the medical profession, many of whom will doubtless be destined to follow the profession of their fathers, without seeing that such an establishment as the one recommended by him must materially contribute towards the attainment of the same important end.

BIRMINGHAM PATHOLOGICAL SOCIETY.

July 6th, 1844.

— DUFTON, Esq., in the Chair.

Mr. Jackson, of West Bromich, sent for exhibition a specimen of stricture of the colon, accompanied with the following account:—

FATAL CASE OF CONSTIPATION.

The morbid specimen of colon was taken from the body of a very fine healthy looking woman, aged 26, the mother of three children. She had suffered for nearly a week before death, from all the symptoms of enteritis, with obstinate constipation, which could not be overcome with the exception of two evacuations, which followed the exhibition of the *first* glyster which was used.

On opening the abdomen, it was found that nearly the whole of the contents of the intestines had escaped into the peritoneal cavity. The upper part of the ascending portion of the colon, and the first portion of its arch, were in a sphacelated state, with numerous small rents or openings into it.

At the upper portion of the sigmoid flexure of the colon, the specimen of contraction was obtained, and on its being searched, a small bone, apparently one of the phalanges of a small pig, fell from the upper portion of it.

Not the least portion of *fæces* was found below the obstructed part. All other viscera of the cavity of the abdomen were perfectly healthy. Chest not examined; but she had never had any symptoms of disease in that cavity. The woman's friends state that she had complained of having a swelling in the left lumbar region ever since her accouchement last December, and that she had been a week or two together without passing a stool, and that latterly the portions of *fæces* have been no larger than sheep's or rabbit's dung.

ANENCEPHALOUS MONSTROSITY.

Mr. Clarkson then communicated the following account of the dissection of the anencephalous monstrosity, which was exhibited to the Society at the last meeting, and which he had dissected at Mr. Elkington's request.

The whole of the frontal portion of the *os frontis* was absent. The parietal, occipital, and temporal bones were small but perfect. The cervical vertebræ were present, but being curved forwards at an obtuse angle, brought the occiput into contact with the first dorsal vertebræ, thus giving rise to the appearance of the head being fixed on the shoulders.

The aperture through which the membranes had protruded, was situated between the atlas and occipital bone, the posterior arch of the former bone being absent. The whole of the dorsal and lumbar vertebræ were present, but neither in them, nor in the cervical, could I distinguish any trace of a canal for the spinal cord, its development having apparently ceased at the point where the membranes protruded.

There was an entire absence of the brain, but I could distinctly trace the pneumogastric and hypoglossal nerves from below upwards, nearly to their exit from the skull, where they became too indistinct to follow, even when aided by a lens.

The nerves composing the brachial plexus, as also the great sciatic, were present, and could be followed almost to the vertebral column, where they appeared to terminate in numerous delicate filaments.

The thoracic and abdominal viscera were normally developed; the descending colon and rectum containing a large quantity of meconium.

FIBROUS TUMOUR OF THE UTERUS.

Mr. Elkington brought forward a fibrous tumour of the uterus, and gave the following description of the case:—

Mrs. Hawkes, 46 years of age, has been a widow twenty years. She had one child born about the seventh or eighth month. She came under my care in January, 1836, for a violent attack of influenza; this was followed by hysteria and functional disease of the heart. She remained a constant invalid. In 1840 she began to menstruate more freely than usual, and

continued without much alteration till October, 1842; she was much troubled with constipation, and felt, on evacuating the bowels, as if something pressed on the rectum; at that time we discovered a small round tumour in the anterior part of the uterus. It could be felt by external examination, and was nearly on a level with the pubis. The *os uteri* was nearly closed. She continued about the same till March, 1843. The tumour slowly increasing, and her strength gradually decreasing, she now took to her bed, and was scarcely ever able to sit up afterwards.

In October, 1843, the tumour had considerably increased. She occasionally had flooding to a considerable extent, and began about this time to suffer pain. The *os uteri* nearly closed.

February 8, 1844. The tumour much increased; is circumscribed, situated mostly in the centre, and reaching to the umbilicus. There is now a degree of elasticity about it. On making an examination per vaginam, the tumour is found to occupy the whole of the pelvis, the *os uteri* flat and very small, the cervix obliterated. Anteriorly the tumour feels rather softer. On applying pressure over the tumour externally, and at the same time internally, an impulse is felt.

Examination per rectum.—High up the tumour is felt large and harder, and pressing against the intestine.

February 29th. She is getting weaker; the pain is worse, and the periodical discharge is more frequent and more profuse; at other times she is nearly free from vaginal discharge. The uterus very much enlarged anteriorly, and very low down, filling the vagina; the cervix uteri obliterated; the *os uteri* thrown very far back and high up; it is a mere opening, like a hole in a round ball.

About the end of March the tumour had passed through the *os uteri*, occupying the whole of the vagina. The finger could not be passed round the tumour, nor could the *os* be felt. The pain was more frequent and distressing, frequently of a burning, piercing nature. She had now a constant offensive discharge, obstinate constipation, and difficulty in passing her urine. She gradually got worse, and died June, 1844.

On making a *post-mortem* examination, we found the viscera of the chest healthy, but very pale. The viscera of the abdomen were in the same state. The enlarged uterus reached above the umbilicus. It has been removed for your inspection. At the fundus, within the parietes, and projecting upwards, is a small encysted tumour; there is also a tumour, about the size of a walnut, attached to the left round ligament. On cutting into it, it presents a fibro-schirrous appearance. On making a section of the uterus and internal tumour, it was found attached to nearly the whole of the fundus and right side of the uterus; two-thirds of the tumour had passed through the *os*. Internally it is fibrous in its texture, with a number of cells at the lower part. Externally, the surface of the tumour at the most depending part, is covered by small ulcerations. The tumour, with the uterus, &c., weighs two ounces and three quarters.

The bladder was thickened and contracted; the inner surface covered by a dark substance, which cannot be easily peeled off.

The treatment was mostly palliative. At one time she thought she was relieved by the ioduret of iron.

FATAL UTERINE HÆMORRHAGE.

Dr. Waddy exhibited a placenta which had been taken from a patient who had died from internal hæmorrhage prior to delivery. Cæsarean section, half an hour after death.

I was called, on the evening of Sunday, June 16, in a great hurry, to see Mrs. James, residing at No. 2, — Court, Holloway-Head, an out-patient of the Lying-in-Hospital. I found her evidently in a state of great collapse; the pulse was small, feeble, and tremulous; the skin cold and damp, and the face pale; she also complained of a very violent cramping pain round the upper part of the abdomen, which had been constant for several hours, and which she thinks was occasioned by a violent exertion in the morning. She had not had any labour pains, and the os uteri was but slightly dilated, just admitting the points of two fingers; it was however soft and dilatable. There had not been any external hæmorrhage, nor was my finger blooded by making the vaginal examination. The abdominal parietes were firm and unyielding. There being no appearance of labour, I left, having administered a dose of brandy and water. She was ordered also the following mixture:—Three drachms of sulphuric æther, one drachm of Battley's sedative, and seven-and-a-half ounces of camphor mixture. An ounce to be taken every four hours.

I was almost immediately re-called, and found on my arrival that she had suffered from an attack of external hæmorrhage, which had still further reduced her.

The os uteri was about the size of half-a-crown, but there was not the least appearance of uterine action. In the hopes of exciting it, I gave her a dose of ergot, and fresh quantities of brandy, but the collapse continuing, I requested the assistance of Dr. Waddy, in whose district the patient resided. The Doctor arrived just as the woman was in articulo mortis. Mr. Elkington was also sent for, and upon his arrival it was determined to open the uterus through the abdominal parietes. The operation was accordingly performed in about half an hour from the death of the mother, but the child was dead, and had been so apparently for some time. The placenta was found to be entirely detached from the uterine surface, and a very large and firm coagulum occupied the posterior part of the cavity of the uterus.

Dr. Waddy stated that he was indebted to Mr. Clarkson, the resident surgeon of the lying-in-hospital, for the above case.

RUPTURE OF THE UTERUS.

Mr. Elkington then brought forward a case of rupture of the uterus.

Mrs. R., aged 38, the wife of a butcher, a very fat, plethoric woman, self-willed and unmanageable. Has had seven children and two abortions. Her labours have always been severe and slow, until the head of the child has approached the outlet, when it has been soon expelled. Her abdomen for the last five or six years has been very large and pendulous. She has generally obstinately refused to go to bed till the last moment, and during her last labour she remained upon her hands and knees the whole time, the child being born on the floor. Her pains have always been more or less of an abdominal character. She was taken in labour of her eighth child, June 29th last. The mem-

branes ruptured about six o'clock, a.m., pains came on soon after, and I was requested to see her about nine o'clock. I found the os uteri fully dilated, the head resting at the brim of the pelvis, presenting in the first position, the pains frequent, and very severe, but of an abdominal character, and often spasmodic. As usual, she remained upon her hands and knees, and no persuasion could induce her to undress or lie down except now and then to allow an examination. I applied a bandage to support the belly, and fearing some accident, remained in the house. She progressed slowly, but about three o'clock p.m., the head occupied the pelvis and began at times to press against the perineum. At this time the pains slackened and she appeared a little exhausted, and as she had not taken anything the whole of the day, I requested the nurse to give her a little gruel, with a tablespoonful of brandy, and to call me up when she got worse. After taking the gruel she had a few pains on her hands and knees, and one violent pain in the belly, during which she threw herself all along on the floor; she then became easy, laid down on the bed, and went to sleep. She continued to sleep till nearly six o'clock. The nurse came down stairs about that time to get her tea, and reported that she was still asleep. Shortly afterwards I went up stairs to look at her, and was surprised to find her sitting on a chair. I immediately noticed a great change in her appearance; there was a livid hue of the face, accompanied by an anxious distressed expression. Her pulse was very feeble, the face and hands cold, and the fingers purple; she had no pain, had not vomited, but complained of sickness, and said she had got off the bed because she thought she was going to vomit. I requested her to lie down, and on making an examination found the child had receded; I could feel no part of it. The vagina was partly filled with coagula, and at the upper part I could feel a rent. As soon as I could get the support and assistance of Mr. Russell and my brother, I passed my hand through the laceration, and having, with some difficulty, got hold of one foot turned the child and delivered. The feet were resting against the anterior parietes of the abdomen, and placed very high up. We had great difficulty in effecting the delivery, and were obliged to fix the blunt hook on the lower jaw before we could complete it. The placenta was found detached and lying loose in the belly. On making an examination, after the removal of the placenta, we found a portion of the intestines had passed through the laceration. Having applied a bandage, and given two grains of solid opium, we left her about nine o'clock. She was then a little revived, warmer, and more comfortable.

I would here observe that during the whole of the labour, whenever she had a pain the child appeared to be drawn up, and on the pain going off, to descend and advance a little. The same occurred after the feet were brought down, and we could only progress by making efforts of extraction as each pain was going off. I would ask, what was the cause of this peculiar action? Was it owing to spasmodic contraction of the abdominal muscles, or, was it caused by the contraction of the os and cervix uteri, before the laceration occurred, around the neck of the child, or was it produced by the circular fibres only of the uterus contracting at the onset of each pain, but followed by action of the longitudinal fibres.

On visiting her at eleven o'clock the same night, I found her better, the hands and feet warm; pulse improved. She had vomited once, but thought she had not thrown up the pill. She was ordered to take three drachms of mixture of camphor, with a little tincture of opium and spirits of ammonia, every four hours.

June 30, eleven o'clock a.m. She has slept a good deal during the night; has been quiet and comfortable; pulse 120, and less feeble; discharge natural; has passed no urine; has had no sickness; no pain whilst she lies still, but complains of pain and great soreness when she attempts to move. She is perfectly sensible.

12 a.m. About the same; pulse 120 and fuller; passed six or eight ounces of urine; the belly is very large.

9 p.m. Pulse 140; complains of more pain; passed more urine; in other respects she is the same. Ordered one grain of calomel and half a grain of opium, every three hours.

July 1st, 10 a.m. Has passed a restless night; vomited three or four times; great pain and tenderness in the abdomen, more particularly about the epigastrium; pulse 130; passed urine four times in the night, and twice this morning, about a tea-cupful each time; tongue furred and brownish; breathing hurried. Ordered six leeches to the epigastrium, and six to each groin; to continue the pills.

9 p.m. Has less pain; pulse 140, and weaker; vomiting continues, but not quite so distressing; makes water freely; bowels have not been moved; has slept a little. She has taken milk with a little brandy, which remains on her stomach, and appears to agree with her.

July 2nd, 9 a.m. Worse; vomiting frequently a black fluid; breathing laborious; pulse feeble; restless and tossing about; she remains sensible. She died about five o'clock p.m.

Post-mortem examination, July 3rd, 7 a.m. In the abdomen there were found coagula to a considerable extent; the intestines agglutinated; the upper part of the vagina lacerated posteriorly, to the extent of half its circumference. The laceration took place at or immediately below the point of union with the uterus. It may be asked what was the cause of the laceration? I should say the crampy character of the pains, and the unusually pendulous state of the belly, and that much increased by remaining so long upon her hands and knees, dragging the uterus forwards over the pubes, and stretching the posterior surface of the vagina.

Here a question naturally arises, could anything have been done to prevent the accident? I think if the patient had been more tractable, much might have been done, and with the probability of success. It is very possible, if she had been kept in the recumbent position to lessen the dragging forwards of the cervix uteri and vagina, had the rectum emptied by injections to remove any impediment to the descent of the head which might be afforded by the accumulation of scybala, and had she been bled, and afterwards taken an opiate to remove the spasmodic character of the pains, the laceration might have been prevented. It is useless, as far as this case is concerned, speculating on what might have been done; nothing *was* done, nor would she submit to any kind of treatment, but reflections on an unsuccessful case may be useful in similar cases should they occur in future.

THE VALUE OF ANNIVERSARY MEETINGS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I remember, at an early period of my taking an interest in promoting the objects of the Provincial Medical Association, being chided by a practitioner of some renown, (who was advanced in years, and possessed of ample fortune,) for advocating a cause which induced my *confrères* to quit their homes and assemble at a distant part of the kingdom, to the great distress of their patients, whose commands and summons they ought to keep themselves continually in readiness to obey. The effect of the rebuke, as happens in all similar cases of unjust severity, served only to increase my ardour, and give me a greater desire to attend every annual celebration, and to encourage my neighbours to do likewise. It must be a great delight to every well-wisher of the Society, to find what a noble gathering took place at Northampton; nothing could have occurred more calculated to give a greater spur to our efforts, and secure increasing prosperity, than such a meeting. Being no great writer myself, I am glad, when a favourable opportunity offers, of using other peoples' talents to supply individual defects. The following extract, though coming from the far west, was written on a similar occasion to our anniversary meetings, and tends to show that the sympathies and reasonings of medical men are much the same in all climates; it is taken from the opening address delivered at the anniversary of "the Massachusetts Medical Society," and I beg to submit it as descriptive of the feelings of many of our associates:—

"The direct purpose of our Society is strictly professional; yet social and moral influences necessarily flow from our associating together even for this purpose. Scattered as we are over a large extent of country, most of us having little or no opportunity for professional sympathy or counsel, engaged day after day throughout the year, in the duties of a laborious profession, duties always arduous, and sometimes overwhelmingly painful in the extent of individual, solitary, unshared responsibility they involve; it is pleasant for us, once a year, to behold each other's faces, and, by the interchange of kind feelings and friendly salutations, to brighten, perpetuate, and extend the chain of professional acquaintance, of personal friendship, and of high moral regard.

"And although the periods for this social intercourse are brief in their duration, and far between in their recurrence, yet they are not without their benefits and blessings. If they do not add much to our stores of wisdom and professional knowledge, they add largely to our stores of pleasant memories and agreeable thoughts. If they sometimes do little directly to make us better physicians,* they always do much to make us better men; and by enlarging our conceptions of the important character and noble purposes of our profession, quicken us to greater fidelity and industry, and thus indirectly, in the end, help to make us better physicians. For myself, I feel impelled to say that, in addition to the benefits derived

* This is the term applied to all educated and qualified practitioners in America.

from the rich results of professional study and investigation, which have sometimes been communicated to us on these occasions, I have never been present at an annual meeting of our Society from which I have not received something of more value, I had almost said, than all professional learning; namely, quickened impulses to fidelity in the exercise and discharge of this profession. I have never returned from one of these meetings to my individual sphere of professional labour, without carrying with me a feeling of pride, not a foolish and vain glorious pride, but a just and manly pride, a pride in the noble and benevolent purpose of our profession, a pride in the high character and attainments of my professional brethren, a pride in being associated with such a body of learned, honourable, and high-minded men, in the prosecution of such a noble and benevolent purpose. And this is not a pride that puffs up with ridiculous vanity, but which, appealing to all the higher sentiments of our nature, prompts a man to such a course of effort and perseverance, as shall render him not unworthy of his associates and his profession. This is a benefit, I believe, we all derive from these occasions."

I assure you, Sir, the above extract expresses my own feelings better than I could myself express them, which is my reason, and I hope will be admitted as my excuse, for introducing it to your notice; and, relying fully on your discretion, as to its being worthy of more publicity,

I subscribe myself, Sir,

Yours obediently,

Q. Q.

SIR JAMES GRAHAM'S MEDICAL BILL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Allow me to suggest, through the medium of your Journal, that a meeting of the medical practitioners of the midland counties takes place either at Derby or at Nottingham, in the course of next month, for the purpose of considering Sir James Graham's Bill.

I should hope our valued President for the year, Dr. Robertson, of Northampton, would take the chair. I would not have it a meeting for the express purpose of *opposing* the bill, but on the contrary, for calm deliberation and the expression of our opinions.

I think such a meeting would be much more effective than meetings in each town or county; and if the same sort of general meeting took place at Newcastle, at Bristol, at Southampton, and in London, very nearly every member of the profession in England would be enabled to participate.

We should strictly avoid all personalities and all invective; and we should take care to point out to Sir James Graham, and to the Houses of Parliament, what are the clauses of the bill we think it right to *retain*, what to *omit* or *alter*, and what clauses we require in *addition*.

We are in the responsible position of the guardians of the public health, and any injury or hindrance to us, in our usefulness, is a direct injury to the public.

We can respectfully ask for a Committee in the House, if their be any doubt about the sentiments of

the profession. We are not in any way justified in assuming Sir James Graham intends either to injure the profession or the public.

I have not the honour of the least personal acquaintance with the Right Honourable Baronet, but I feel quite satisfied his own feelings and wishes are to do good to both.

I think the proceedings I propose are more in accordance with the character and dignity of the profession, than the childish giving of *nic-names*, or the writing of abusive articles.

By holding a meeting at Nottingham or Derby, the practitioners of the midland counties need only be away from home one day, and in consequence of the facilities of rail conveyance, very many not so long a time.

If you think these opinions worthy of insertion in your Journal, you will oblige

A PRACTITIONER OF TWENTY YEARS.

September 3, 1844.

THE BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Why should not the Medical Profession follow the example of the Clerical, and call in music to the aid of Charity,* and thus provide relief for indigent members, their widows and children, by the voluntary contributions of the affluent?

The statement of Dr. W. Conolly, at the Northampton meeting, proves beyond all question the necessity that exists for the augmentation of the fund, whilst the abandonment of the proposal to supply that fund by an addition to the yearly subscriptions of each member plainly shows, that not to the profession alone, but to the public, the required supply must at least in part be looked for. Nor is this to be wondered at, when we consider the many public burthens professional men have to bear, and that the property tax is to them a tax upon *capital*, whilst to others it is only a tax upon income.

My object in writing is to submit to you, and through your Journal, to all the members of the Association, whether it would not be advisable to have a public concert of music, or a promenade, with a band, at each Anniversary of the Association, to take place after the graver business has been disposed of. There would, I think, be little difficulty in effecting this, and when the object is made known by the gentlemen who compose the Local Committee, and who should be the Stewards and Managers, a full attendance would no doubt be insured. It is needless for me to enter into further detail at present, as it is possible that the proposed plan may be objected to. I cannot, however, foresee any serious objections to its adoption, and I think it might be productive of good.

I am, Sir,

Yours very truly,

A. W. DAVIS.

Presteign, August 24, 1844.

* Witness the Oratorios for the Sons of the Clergy, and the periodical Music Meetings at Worcester, Hereford, and Gloucester.

QUEEN'S COLLEGE, BIRMINGHAM.

The first annual meeting of the Governors and Council of the Queen's College, Birmingham, since the incorporation, took place on Wednesday morning, in the hall of the Institution. Dr. Johnstone, the Principal, occupied the chair; supported by the Earl Howe, Lord Lyttelton, the Rev. Vaughan Thomas, several other members of the council, and by the Professors. The Principal briefly stated the objects of the meeting; after which W. S. Cox, Esq., the Dean of the Faculty, read the Report, from which we make the following extracts relating to the Royal Charter, and the Collegiate System recently adopted in this Institution.

"The importance of the Charter to your Institution has been set forth in your petition to her Majesty the Queen, which received the signatures of the Earls of Dartmouth, Bradford, Howe, Lord Lyttelton, Sir E. E. Wilmot, Bart., the Rev. Vaughan Thomas, John K. Booth, M.D., J. W. Unett, Esq., Edward T. Cox, Esq., Edward Johnstone, M.D., the Rev. and Worshipful Chancellor Law, John E. Piercy, Esq., James Taylor, Esq., and W. S. Cox, Esq.; and the reasons and necessity of providing collegiately for the board, lodging, and tutelary care of your students, have been forcibly and ably made known to the public by the eloquent letter addressed to the Rev. Dr. Warneford by that accomplished scholar the Rev. Vaughan Thomas, and by the resolution of a general meeting, so warmly advocated by the Earl Howe, Lord Lyttelton, and Mr. Chancellor Law, namely,

'That regard being had to the number of the students attending the Royal School of Medicine and Surgery at Birmingham, and to a probability of an increase in their number, upon the contemplated change in the present system of domestic apprenticeship, and lastly, to the wants of suitable accommodation and tutelary care which so extensively prevail—that some provision be made forthwith for the supply of wants so pressing and the remedy of evils so manifest, by the establishment of the Collegiate system.'—*General Meeting, April 21st, 1843.*

"Your Council have to congratulate you that the undertakings thus determined upon met with the most exalted, distinguished, and liberal support. The Sovereign of these realms has been graciously pleased to confer on your Society the precious boon solicited, by which your Institution is enabled to take and to hold real as well as personal property, gifts and bequests of a mixed nature, such as gas, canal, and railway shares, &c., and the high honour and privilege of bearing the style and title of "The Queen's College at Birmingham." To the able, the upright, and benevolent Earl Howe, the strenuous encourager of whatever may promote the welfare and reputation of your College, the Society is mainly indebted for the gratifying reception and honourable results of your petition, and which invaluable service has been recently increased by his Lordship's kind application to the venerated Queen Adelaide. In connection with the Charter, your Council must acknowledge the valuable assistance rendered by J. P. Wilmot, Esq., and Edward Johnstone, Esq., Barristers-at-Law. Your munificent benefactor, the Rev. Dr. Warneford, has not only mani-

festated his unremitting solicitude, for the promotion of the Collegiate plan by his noble donation of £1000 towards the erection of rooms, but with a view to give a Christian character to the studies of your students, and a religious impulse and moral tendency to their habits, he has not only founded four Scholarships by a donation of £1000, but he has contributed £500 towards the erection of a Collegiate Chapel, to be dedicated and consecrated to Divine worship. In consequence of this generous gift, your Council have to report that on the 21st of March, on the motion of Lord Lyttelton, the following resolution was unanimously passed:—

'That the most cordial and grateful thanks of the Council be presented to the Rev. Samuel Wilson Warneford, LL.D., for his munificent donation of £500 towards the erection of a Chapel to this College, and for the interest he has thus shown in the promotion of the religious welfare of the students, immeasurably superior as that object is to all other objects contemplated by this foundation.'

On the 10th of May the stone of this sacred edifice was laid in the presence of the Principal, the Warden, the professors of the College, the Clergy of the town and district, and the Students, by your steady and untiring friend the Reverend and Worshipful Chancellor Law, the Vice-Principal, whose powerful address delivered in this College ten years ago first called the attention of the public and the profession in this country to the Collegiate system in connection with Medical Schools. To perfect the plan, it was the duty of your Council to select a Warden; and they beg to congratulate the College on the appointment of the Rev. Joseph Woolley, Fellow of Emanuel College, Cambridge, not only on account of his theological, mathematical and classical attainments, but on account of his courteous and unassuming manners, and of having held the responsible office of Dean of his College, an office not very dissimilar from your appointment."

"In October last twelve rooms were furnished, and immediately occupied by students. *Divine service has been regularly performed daily in the College*, and in the Chapel of the Queen's Hospital, licensed by the Bishop of the diocese, on Sundays in the forenoon. In addition, your Students have availed themselves of the opportunities of moral and religious instruction offered by the valuable Lectures of your Warden. The Council are induced to hope, and experience justifies the expectation, that the total expenses incurred by the student for commons, chamber-rent, servants' wages, &c., will not exceed 48*l.* for the two sessions. Your Council have the satisfaction to state, that fifteen additional rooms have since been completed by Mr. Pashby, the contractor, upon a scale and design which they doubt not will be approved of by all. The front elevation is considered to be pure and simple, and cannot but reflect credit on the zeal and talents of the architects, Messrs. Bateman and Drury. The Chapel and other alterations are still progressing; a detailed statement of the accounts cannot therefore be prepared, but will be completed at an early period subsequent to the general meeting."

The report further contains a statement of the property and financial affairs of the college, together with information respecting the museums and library, the

patrons and supporters, the students, and other subjects of interest.

The following prizes have been awarded :—

PROFESSORS' PRIZES.

Mr. Thos. Underhill, Great Bridge.....	First Medal..Anatomy.
Mr. C. E. Joseph, Leicester }	Certificate of } Ditto.
} Honour.... }	
Mr. T. A. G. Willington, Balsall.....	Book .....Materia Medica.
Mr. C. W. Izod, Evesham....	First Medal..Chemistry.
Mr. J. Clay.....	First Medals..Medicine.
Mr. J. G. Lansford.....	
Mr. P. H. Bird.....	First Medal..Botany.
Mr. Oliver Pemberton.....	Second Medal, Ditto.
Mr. E. W. Day, Worcester...	First Medal ..Midwifery.
Mr. J. Paine.....	Certificate of } Ditto.
	Honour.... }

Demonstrator's Prize Book—Mr. J. Snelling.

The Warneford Prize Essay on the Structure and Physiology of the Lungs.....	Mr. John Moore, Moreton-in-Marsh.
The Jephson Prize of Twenty Guineas, for best public examination in all the branches of Medicine and Surgery, with testimonials of good conduct, with regularity of attendance on Divine Worship and on the Warden's Lectures.....	Mr. Thomas Underhill, Great Bridge.
The Webster Prize of Ten Guineas, Essay on the advantages of General Literature in the Study and Practice of Medicine.....	Mr. J. Clay.
Prize of Five Guineas, offered by Professor Davies, for the best reported Medical Cases occurring in his practice at the Queen's Hospital.....	Mr. J. Clay.
Prize of Five Guineas, offered by Professor Sands Cox, for the best reported Surgical Cases occurring in his practice at the Queen's Hospital.....	Mr. J. Moore, Moreton-in-Marsh.

After the adoption of the report and the transaction of some other business,

The Rev. V. Thomas, in moving a vote of thanks to the Warden and Professors, said he could not deny himself the gratification of observing that they were assembled in that Hall on a public occasion for the first time, in order to conduct the business of the Institution, and it was truly a source of gratification to think that they had travelled through various difficulties, until they had attained a prominent distinction in the face of the country. Thanks to her most gracious Majesty, and to the exertions of those individuals who had nobly dedicated themselves to the good work, they would now be enabled to carry out those great and glorious results which they had originally proposed; namely, the giving a Christian character to a professional education, and sending forth young men to the country enveloped in the two-fold qualities of good religious moral men, as well as able practitioners in medical and surgical science. This gratification was much increased when he reflected upon how small a basis they had commenced, and the various impediments that had been thrown in their way; but they had gone on step by step, until the institution had emerged from infancy into vigorous manhood, firm and stable in its position. They could not fail to succeed, when they found young men accommodating themselves to a collegiate life and discipline, and esteeming it an honour to wear the academic dress. The schools in London were endeavouring to follow their example. But whilst he owned he experienced the greatest delight in reflecting on all these things, he must not

forget the immediate object of his rising; for all would have been utterly useless, except for that which he would call the staple commodity—he meant the diligence of the professors and tutors in carrying out their common object. To them therefore the greatest praise was due; and the rules and regulations that had been acted upon, and the high professional skill brought into play, could not but prove acceptable to the rising generation of the midland counties, and attract them to Birmingham, instead of their being exposed to the vice of the metropolis; and when such results had been accomplished, they were bound to return thanks to those who had mainly contributed towards them. With respect to the Warden, he would say, that although that gentleman had been but recently elected, he had accommodated himself at once to his situation, and had acted with firmness, coupled with gentleness of manner, calculated to win the students to the purposes of the institution. The Warden was also peculiarly entitled to thanks for his labours in the particular department of Lectures; having used Butler's Analogy, which explains the philosophical evidences of Christianity, and shows that it is in exact accordance, harmony, and agreement with the constitution of all things in nature, and with God's revelations in the Scriptures. All persons, then, must be grateful to him for founding in the breasts of the students those principles of holy religion which would live in their hearts and show their effects in after life. No one felt that obligation more deeply, and acknowledged it more warmly than Dr. Warneford; no man was more attached to the College, and wished to give permanence to its institutions, than he was; and no man was more anxious to carry to perfection those objects which the Queen proposed to herself when she granted a charter of incorporation. In accordance with these feelings Dr. Warneford had requested him (Mr. T.) to state to the meeting that he was not altogether satisfied with the amount of the pecuniary consideration the College had found itself competent to make to the Warden; and he was desired to announce that Dr. Warneford would present £1000 to endow the chapel and to augment the stipend of the Warden, but at the same time with a distinct understanding that a regular systematic course of Lectures on theological and moral subjects should be delivered. The Rev. Gentleman then moved the resolution, which was seconded by Mr. Uppill.

The Principal bore testimony to all that had been advanced by Mr. Thomas, and the motion was then carried.

Earl Howe said, deeply impressed as he was with the importance of a collegiate system of education, and of instruction based on religious principles, he felt a grateful sense to their benefactor, Dr. Warneford, for his continued support and assistance, and begged to move a vote of thanks to that gentleman.

Lord Lyttelton seconded the resolution, which was carried by acclamation.

The Principal then left the chair, which was taken by Earl Howe, and a vote of thanks having been passed to the Principal for his conduct in the chair, to Mr. Cox, senior, the Dean of the Faculty, for his untiring zeal and exertion in the promotion of the best interests of the College, the meeting was dissolved.

We have given the account of this meeting at some

length, for two reasons:—first, because it records the onward and successful progress of one of our now, we trust, firmly established provincial schools of medicine, and we deem it an especial object of the Journal of the Provincial Association to afford support in every possible way to Provincial Medical Institutions; and secondly, because the importance of combining religious and moral discipline with scientific and professional instruction, by the adoption and carrying-out of the collegiate system, is therein so clearly recognized, as well in the general proceedings as in the very able and interesting report read by the Dean of the Faculty, and its practicability so unanswerably established.

THE JOURNAL OF THE ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following considerations founded on the late discussion relative to the Journal of the Association, will, it is hoped, prove not unacceptable to the members of the Committee appointed to investigate the subject.

That some periodical should be established as a medium of communication for the members, and as one among the chief inducements to the brotherhood to continue their membership, will not probably on reflection be disputed. The question is, how the literature shall be supported, and what shall be its general character. The opinion of Dr. Forbes, that it would fail as a Journal of comprehensive scientific information, may be just; yet the Association may not stand in need of a Journal of that stamp, but rather look for one of practical medicine and surgery, suited to the wants of the majority of readers. The multitude of books written on medicine, and the efficiency of their instructions at the bed-side, have not always kept pace; neither have the bold and novel schemes of treatment advocated in some modern Journals always been successful in the hands of the calm country surgeon; but, it may be asserted, such practical defects will seldom be found in the well digested sober writings of the Association.

Medical men would seem to have a great itching for the marvellous, rather than the useful, when they fill the pages of their books with curious cases of monstrosities, unheard of tumours, and all the mysteries of cryptogamic pathology, to the exclusion of every day occurrences, and the detail of that practice which will help on the young practitioner. Mr. Smith, of Southam, in chivalrous defence of the Journal, calls on hospital physicians and surgeons to contribute to the work; let them do so, and at the same time let the Association call earnestly on the obscure country doctors, (a class whose opinions as yet are very imperfectly represented, but whose knowledge of disease would surprise many a metropolitan,) to come forward with their views of practice. The form which disease takes in the hospital and in the cottage home may be the same; but the moral peculiarities which are enveloped in the idiosyncrasy of each case, and which mainly govern the treatment, certainly appear in the wards of the hospital under colours different to those which distinguish them within the walls of the hovel.

It would perhaps be difficult to say what harm, or

what compromise of dignity would attend anonymous papers, introduced under the guidance of a discreet Editor; that they are productive of good may readily be shown: for instance, how otherwise is the general policy of the craft to be dealt with? How are opinions on the labours of societies to be expressed, without the risk of a dangerous controversy? And how are the strong holds of quackery, when defended publicly by the eminent, to be assailed?

One word on the Editorship:—let those who are disposed to carp at the paucity of interest apparent in the later numbers remember, that no man can work without materials, and that praise is rather due to the skilful general who has made a good fight at a disadvantage.

I remain, Sir,

Your obedient and very humble servant,

HENRY DAYMAN, Surgeon.

Milbrook, near Southampton,

August 24, 1844.

THE JOURNAL OF THE ASSOCIATION: SCHOOL FOR THE SONS OF MEDICAL MEN.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It gave me great concern to find, by the reports of the proceedings of the last general meeting at Northampton, that some of our members spoke disparagingly of the Journal of the Association; whilst others were doubtful of the utility of continuing its publication.

As no notice has been taken of the matter subsequently, and as your hebdomadal visit continues to be paid, I venture to congratulate you, Sir, and your paper, on your prolonged existence; you have outlived the shock, and I pray you both to hold up your hands and thank the fates that you are as you are! Nobody expects that the Journal of the Provincial Association should vie with the London periodicals, much better that it should not attempt to do so; its aim and object, and its principle of utility, are of quite another complexion. What we want, and what we have in your paper, is a *frequently recurring remembrance* amongst ourselves, and a constant evidence to the public of our political existence—an organ of ready communication—a Downing Street Gazette of our own. I lament with one of the speakers on this subject, (and it was the only sensible word said about it,) that there should be so many medical periodicals, and that the spirit which animates them, should from that cause be mixed up with so much “alloying Thames.” But this is a consideration quite apart from the question of the expediency of continuing our own paper. Nineteen-twentieths of our members are, I dare say, readers of the Lancet, the Medical Gazette, Medical Times, or other journals, and nevertheless rejoice in the weekly visit of their own Journal, especially if they feel as they ought to do, as regards the advancing congregational and co-operative spirit of the profession. This spirit it is the business of the Journal to foster and promote; and this it would do were it five times more coldly conducted than it is. It would be desirable certainly to improve the character of the Journal as a record of practical medicine, and it does improve, and will continue to do

so. Men love to appear in good company even on paper; and when the sagacity of a Hastings, the fluency and elegance of a Newnham, (albeit of too ready faith,) the trenchant eloquence of a Cowan, and the laborious diligence of a thousand other "good men and true," come well and frequently into play, there will be no lack of imitators, and materials in abundance.

But I rely for argument for the continuation of the Journal mainly on its operation on the gregarious propensities of human nature; to keep men's minds alive to their own interests as individuals of a corporate body; and to foster that *esprit de corps* (to use the expression in its best sense) which is calculated to prompt so much of thought and action that is honourable, and to repress so much of both that is otherwise; and this leads me to say a word or two in favour of a project, which amongst its other excellencies is calculated powerfully to aggrandize the influence of this co-operative principle: I mean the establishment of a school, for the sons of medical men. I say nothing of the immediate good effect of such a measure, and of its probable beneficial influence on the fortunes both of parents and children; but I see in it, and in such a system of education as is likely to be pursued, a foundation laid for the growth of those generous principles, which a community of interests engenders, and which ought to actuate the sons of a common profession in all the relations of life, whether as school companions, or as practitioners, often called on to sacrifice personal feelings to public duty, and to learn that to support the credit of the medical profession is individual honour. Extraneously too, the influence of this step on the public mind at this juncture is of great importance. Already we see that the public press has taken notice of it; and, indeed, I reckon Mr. Martin's scheme, if well wrought out, to be one of the best steps yet made towards the establishment of the idea in the minds of the public of a real "Medical Faculty."

To revert to the first subject of my letter, I trust it is not an impertinence to offer my individual thanks for the benefits and the gratification I have experienced from your labours, and I beg you will tell the objectors, (satiated I dare say, as some of them are, with the good things that abound at head quarters,) that to two-thirds of the members of the Association, the Journal as it is, apart from the considerations as aforesaid, offers no meagre diet, though they may not all share in the small appetite of

A VILLAGE SURGEON.

September 3, 1844.

MEDICAL MEETING AT HEREFORD.

A meeting of the Medical Practitioners of the city of Hereford was held on Monday, September 2nd, for the purpose of discussing the provisions of the Medical Bill recently introduced into Parliament by Sir James Graham, and taking such measures as might be deemed requisite to oppose its objectionable points in the best and most efficient manner. The following gentlemen were present:—W. L. Gilliland, M.D., F. Glasspoole, M.D., R. T. Barra, James Price, Philip James, Robert Archibald, John Morris, jun., Philip Tully, Francis Braithwaite, Charles Lingon, Henry Barnard, Samuel Waudby, and Henry G. Bull, Esqrs.

Letters were read from Edward Morris, T. Price, and J. Leak, Esqrs., regretting their inability to attend, but concurring in the objects for which the meeting was called; and communications were also made to the same effect from Dr. Bleack Lye, Thomas Cam, John Gilliland, George Terry, and Thomas Pritchard, Esqrs.

It was proposed by Francis Braithwaite, Esq., and seconded by Dr. Glasspoole—

"That Dr. Gilliland take the chair on this and the succeeding preliminary meetings."

Henry G. Bull, Esq., was then called upon by the Chairman to explain more fully the object of the meeting, which he did by giving an analysis of the bill, and commenting on its several clauses as they came under observation. In conclusion, it was proposed by Dr. Bull, seconded by R. Archibald, Esq., and carried unanimously—

"That this meeting, whilst it hails with satisfaction such portions of the 'Bill for the better regulation of Medical Practice throughout the United Kingdom,' just introduced to Parliament by Sir James Graham as are calculated to increase the influence of the profession and improve its character, cannot but regard with one feeling of regret and disappointment that general principle of the Bill, which removes all restriction from the practice of medicine, as a measure most dangerous to the public at large, and most prejudicial to the best interests of the profession."

It was proposed by Philip James, Esq., seconded by James Price, Esq., and carried unanimously—"That the gentlemen present at this meeting, and all those who have expressed themselves favourable to its objects, in answer to a circular sent them, form a Central Committee for the regulation of future proceedings, of whom three shall form a quorum; and that the following gentlemen be also requested to form Local Committees in their respective towns, in connection with the central one:—

Local Committees were then appointed in Bromyard, Kingston, Ledbury, Leominster, Ross, Weobly, Pembridge, and Leintwardine.

Among the other resolutions which followed, were one calling a public meeting of the members of the profession, and another, that "a copy of the new Medical Bill be sent to each of the medical practitioners of the city and county, and particular attention requested to its provisions," and the members separated with the full determination of carrying out their opposition to the obnoxious principles of the bill with the same spirit in which it had been commenced.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, August 28th, 1844:—C. P. Slaytor; G. Fitzgerald; J. S. Maskew; G. Love; W. Rankin; R. Le Marchant; T. M. Morton; F. Barnett; J. McGowan; G. McCulloch; G. Flint; R. White.

Admitted August 30th, 1844:—W. Fines; D. Hamilton; J. Pearson; G. Manning.

TO CORRESPONDENTS.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS,
DELIVERED AT THE CHARING CROSS
HOSPITAL. SUMMER SESSION, 1844.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE II.

The bones are joined together by a structure intermediate in organisation between periosteum and tendon, called "Ligament;" this assumes different forms, according to the character of the joint, and the kind and extent of motion which it enjoys. For the most part all the articular ligaments may be arranged under two heads, capsular and fascicular. The capsular ligaments are proper to enarthrodial joints, and consequently to the shoulder and hip joints; they are shaped like a barrel, one end surrounding the socket or articular cavity, the other encircling the ball or head, or rather the neck of the corresponding bone so as to envelope the whole joint. These ligaments are lined on their inner surface by synovial membrane, whilst externally they are covered and protected by the muscles of the joint; they are not of uniform consistence throughout, as they are considerably thicker in some situations than in others, being strengthened by additional ligamentous fibres, extending from some neighbouring point of bone, and blending with them, and likewise by the tendons of the various capsular muscles with which they are in some places incorporated. At their extremities their fibres interlace with the periosteum covering the bones.

They do not invest the joint closely, but are very loose, their size being proportioned to the degree of motion of which the joint is susceptible; and they are sometimes perforated by the tendons which go to attach themselves to the bones. They are pliable, and bear stretching to a certain extent, but if violence is applied suddenly, even in a minor degree, we find them unable to resist it; they tear, and the head of the bone slipping through the opening, becomes dislocated. It is of importance that you should not confound this pliability with contractility, as by not making this distinction, some of the best surgeons of ancient days, and even those whom we now quote as authorities upon the subject of dislocations, were led into error, and a very improper and painful method of proceeding. Desault, Petit, White, and others, considered that the difficulty of reduction in some cases of dislocation arose from the small size of the opening in the capsular ligament, which contracted round the protruded bone, preventing its return to its natural situation; and acting upon this opinion, they endeavoured to overcome the difficulty by lacerating the ligament

in a still greater degree, which they effected by moving the bones about freely in all directions, especially that in which it was dislocated, and also by pushing the head of the bone with violence against the already lacerated membrane. I need scarcely point out to you the impropriety of this method; independent of the unnecessary pain given to the patient, the mischief and bruising inflicted on the surrounding soft parts must have been very great, and moreover dissection has proved that the capsular ligament can never create the difficulty, inasmuch as it is always lacerated to too great an extent in the first instance. But few individuals in the present day would fall into this error unless they were totally ignorant of the physical and mechanical properties of capsular ligaments. They are strong and they are pliant, but they possess very little elasticity; the influence which they exercise in the reduction of dislocations can be but passive, for they neither retract when they are cut, nor contract when irritated. Although not organised so highly as the periosteum, they are well supplied with blood vessels, arranged in a reticular manner, and when accidentally divided, they unite by means of condensed cellular tissue. Although, hitherto, nerves have not been clearly traced into them and when healthy they possess little or no sensibility, when inflamed or violently stretched they are excessively painful. When exposed to long continued inflammation they become thickened, in consequence of the effusion of coagulable lymph into the areolæ of the cellular tissue which enters so largely into their composition, whilst in abscess of the joints we find them giving way to ulceration, and thus evacuating their contents.

The fascicular ligaments assume the form of round or flattened cords or bands; occasionally, but rarely, they are triangular in shape, as the coraco-acromial ligament. These bands not only unite bones together, but in some instances they stretch across from one process to another on the same bone, and occasionally convert a notch into a foramen, as in the notch on the superior costa of the scapula. The bones and intermediate cartilages of the spine and also the bones of the carpus are united together by these fasciculi, which are here called anterior and posterior ligaments, and the same name is applied to those ligamentous bands which assist in fastening the sacrum to the ilium, and also in retaining the pubes together at their symphysis. In the joints of the tarsus, and in the acromio-clavicular articulation, they are designated, from their situation, superior and inferior ligaments, but in most of these instances their fibres are more separated, and

are less connected and compact than in the examples I have now to describe. In the ginglymoid joints, as in the jaw, elbow, wrist, knee, and ankle, we find a distinct strong band of condensed ligament, placed one on the inner, the other on the outer side of the joint. These are called internal and external lateral ligaments. In most instances the internal lateral ligament is flatter, more expanded, and is attached to a larger surface of the bone below, than the external, which however is rounder, thicker, shaped more like cord, and in some cases is divided into two or even three strong bundles of fasciculi, as in the external lateral ligaments of the knee and ankle. In some situations this form of ligaments is found within the joints themselves, and cannot be exposed until the joints are laid open; the only examples are the round ligament of the hip, and the crucial, (so named from their crossing each other,) and transverse ligaments of the knee joint. They have been denominated "internal ligaments." The last form of ligament to which I have to advert is the "circular or coronary." These take a circular course, and form more or less of the circumference of a circle, the remainder of the circle being completed by bone. Examples are met with in the joint between the processus dentatus of the second with the first bone of the vertebræ, and between the upper extremity of the radius and ulna. I have not here mentioned the fanciful names given to particular ligaments of particular joints; they all belong to the above class, and will be described to you, when we treat of the joints with which they are connected.

Healthy ligament is a whitish, glistening, silvery-looking substance; but when its vitality is destroyed, it loses this glistening appearance, becomes of a yellowish straw colour, flabby, and easily torn. The fascicular ligaments are intimately connected by their extremities to the periosteum covering the bones; they are endowed with vast strength, and so much so that the bones will commonly break before these fibres yield. A man falls from a height and alights on his feet, giving his foot a twist at the same time, or he trips over some obstacle, and gives his foot a violent wrench. He feels something snap, and finding that he cannot walk, he sends to you for your opinion. You might imagine, were you unacquainted with the fact, that one of the ligaments of the ankle joint had been ruptured, and you might treat your patient accordingly: but this very rarely happens; the sensation of snapping was not occasioned by the rupture of any ligament; these usually resist the violence, but the fibula is most commonly fractured a few inches above the outer malleolus. Under these circumstances, I should strongly urge upon you, in all cases of accident to the ankle joint, never to confine your examination to the part itself, but always to press your finger in the course of the fibula, and feel whether it yields at any one point. Even should dislocation of the ankle be present, you should not abstain from such an examination, as cases of dislocation of the ankle are very frequently complicated with fracture of the fibula.

A case illustrating the strength of these ligaments, and the resistance they present to violence, fell under my notice some years past, when I was residing at the Westminster Hospital as house surgeon. A young woman, about twenty five years of age, the wife of a baker, was brought into that institution with severe

compound fracture and displacement of the bones of the ankle. It appeared that the poor creature had been confined about a week previously, and that the child had died; she had been attacked with puerperal mania, and her nurse having imprudently left the room for a short time, she had seized that opportunity of getting out of bed, and throwing herself out of the window, which was on the third floor of the house, the ankle was injured in the manner I have been describing, one of her arms was fractured, and she received severe injury on the head. She lived for three days, at times in a state of profound melancholy, at others extremely violent, when at length she sank worn out and exhausted. I obtained permission to examine the body, and found the fibula broken, and the astragalus fractured transversely through, and that the only ligament ruptured was the middle external lateral ligament of the ankle joint.

Between the arches of the vertebræ on either side of the spinous processes, occupying the interlaminar spaces of the vertebræ, from that which exists between the second and third, to that which separates the last from the sacrum, is a tissue of great peculiarity, called "elastic or yellow elastic tissue," or ligamenta subflava. I have already pointed out to you the very small degree of elasticity possessed by the ligaments, but here we have a structure possessed of extreme elasticity always in a state of antagonism to the action of gravity and muscular contraction. In the spine it serves to maintain that column erect, and to relieve muscular action. It is best seen in the lower animals, and enters into the structure of the lungs and trachea, connects the several parts of the larynx together, and forms the chordæ vocales. It forms the covering of various organs capable of distension, such as the spleen, but more particularly the arteries. It is very remarkable in the lower animals, especially in the claws of the cat, &c. In those animals possessed of large heads, there is a piece of vast strength connecting the vertebræ, and called ligamentum nuchæ. In the oyster, again, while living, the shell is closed by the muscular action of the fish itself; but when dead, it is this tissue which, forming the hinge of the shells, prevents their closing. It was long confounded with fibrous tissue, and was first distinguished by the late John Hunter, who fully appreciated its importance in the animal economy. He divided it into two classes, first, as antagonising muscles, and secondly, as assisting them. In the former, he placed the ligament of the oyster, in the latter the ligamentum nuchæ of ruminant animals, and the ligamenta subflava.

Upon laying open a moveable joint, you will observe that it is lined throughout by a shining tissue, remarkable for its thinness, transparency, and smoothness. This is the articular synovial membrane. The articular synovial membranes bear the greatest resemblance to serous membranes, assuming the form of shut sacs; the internal surface is free and contiguous to itself; it is smooth and polished, continually lubricated by an albuminous fluid, and is sometimes thrown into folds with fringe-like margins, which project into the cavity of the sac.

These folds appear to consist of cellular tissue containing fat; they receive blood-vessels, from which circumstance they are sometimes of a reddish colour. Anatomists have compared them to the appendices

epiploicæ of the large intestine. Clopton Havers considered these fringes as the excretory ducts of what he called his glands, to which I shall subsequently refer; but they have been ascertained to consist of the tissue described above. Their external surface, like that of the peritoneum, is cellular and attached to all the surrounding organs. In the knee joint the synovial membrane is arranged in large folds, to which older anatomists applied the name of *ala* and adipose ligaments. This is evidently incorrect; they are merely membranes, folds of greater magnitude, and do not possess any ligamentous structure. The synovial membranes occur invariably in all moveable joints; in some of the joints containing an interarticular fibrocartilage, there are two of these shut sacs, which, like the peritoneum, while they invest all the parts of the joint, do not in reality contain any of them. They pass from point to point, adhering by their outer cellular surface, but their internal surfaces are, as I have before remarked, entirely free, and we never find any substance or structure within their cavities, unless it be the result of accidental or abnormal formation. The best way of studying the manner in which the synovial membrane is related to the surrounding articular structures, is to take a knee joint and saw it through in a vertical direction from before backwards, dividing the patella, femur, and tibia, into two lateral halves. You will then perceive the membrane stretching across from the patella to the condyle of the femur, and you will be able to trace it in different directions, completely investing the joint, and adhering to all its structures; and you will be materially assisted in your studies by referring to a good diagram in the paper on articulations by Dr. Todd, contained in his *Cyclopedia of Anatomy and Physiology*.

Anatomists by no means agree as to the fact of the synovial membrane being spread over the articular cartilages. This difference of opinion has arisen, partly from the difficulty experienced in separating the one from the other, and partly from the impossibility, even in the most successful injections, whilst the parts are in a normal condition, of injecting the membrane in these situations; and in relation to this point M. Velpeau adduces the fact of the membrane of the articular cartilages retaining its clearness and transparency while the rest of the joint is in a state of inflammation.

With respect to the former of these objections, the separation of the membrane from the cartilage may be difficult, but it has been done. Mr. Mayo states that he has a preparation in which he raised a uniform membrane from the cartilage, covering the head of the humerus; and as to the latter, although it is true in very many instances, that the articular extremities of the bones do retain their pearly glistening whiteness for a long period after the surrounding synovial membrane has become degenerated by disease, still there are exceptions, as we find in Sir B. Brodie's work on the diseases of joints; and in a knee which I removed from a boy a short time since, although the bones were to a certain degree denuded, yet the thickened pulpy synovial membrane could be distinctly traced to some extent over the articular cartilage that remained. Those who assert that the articular cartilages are not covered by synovial membrane, and among whom we number Gendrin, Blandin, Magendie, Velpeau,

Cruveilhier, and others, are of opinion that the latter is reflected from the capsular ligament as far as the edge of the cartilage, where it abruptly terminates—thus also, denying the fact of synovial membranes being shut sacs; but on the other hand, among those who mention the analogy between these and serous membranes, we include Dr. W. Hunter, Soëmmering, Bichat, Meckel, Cloquet, Mayo, and indeed most of the modern anatomists. Now, if the articular cartilages be uninvested by synovial membrane, and if they be, as Velpeau affirms, entirely unorganized structures, how can that ulceration take place which we so frequently find attacking their free surfaces?

The articular synovial membranes vary much in shape; in some instances representing mere simple round bags, as in the joints of the phalanges; others are, however, more complicated, passing in between several bones, and investing their articular surfaces; whilst others, as in the hip and shoulder, are traversed by ligaments or by a tendon, round which they are reflected, forming a sheath. Membranes of this description derive their name from the peculiar fluid which they secrete, and which lubricates the joint, and enables the bones to move with ease and freedom one on the other. This fluid is called "*synovia*."

It was formerly supposed to be produced by a mixture of the serum of the blood with the marrow of the bones, but from the analysis of M. Margneron it appears to be composed of the following ingredients, viz:—

Fibrous matter	11.86
Albumen	4.52
Muriate of Soda	1.75
Soda	0.71
Phosphate of Lime	0.70
Water	80.46

It is white, viscid, and transparent, and when allowed to rest, on being removed from a joint, it is converted into jelly.

I have already alluded to Haver's glands. These were originally observed by Rosenmüller, and named by Clopton Havers, "*Glandulæ Mucilaginosæ*," he considering that the *synovia* was secreted by them; and he was confirmed in this opinion by Heyliger, Portal, Winslow, and some others. The existence of these glands has been denied by Boyer, Beclard, Bichat, &c.; and, indeed, they do not appear to consist of anything but cellular tissue and fat, and no excretory duct can be traced in them. They are usually of a reddish colour, varying in shape and size, some being rhomboidal, others semilunar, &c. They are always found in the depressions or notches of the joints, in such situations as to be entirely protected from injury in the several motions of the bones, and there is usually one of very large size situated in the depression in the acetabulum.

The muscles and tendons surrounding the articulations are disposed in various ways. Some, as in the wrist and fingers, passing over their surfaces without adhering to them, protect these parts against violence, at the same time that they influence their motions. Others, on the contrary, as in the shoulder, completely surround the joint, forming as it were a "*capsule*," thence receiving the name of "*capsular muscles*," and being inserted directly into the head of the bone, these muscles not only protect the shoulder joint, but they actually

retain the head of the bone in situ. Cut away the whole of the muscles and tendons surrounding this joint, and you will find that the capsular ligament has no power to retain the head of the humerus in the glenoid cavity, but that, on the contrary, it is so long and loose as to allow the bone to drop, and thus to become dislocated. The same thing is observed in paralysis, where, from wasting of the muscles, the humerus drops away from the scapula, and becomes subluxated. In the ginglymoid joints, the muscles and tendons, passing in front and behind, confer great strength on the part, whilst the knee joint is entirely dependent for its anterior capsule on the expansion of the quadriceps extensor femoris muscles. We also observe a very wise provision in some of the joints, especially in the elbow and shoulder, where the muscles adhering to the capsular and posterior ligaments of the joints, at the time of this contraction, draw out the ligament, and thus prevent its being bruised or crushed between the moving bones.

I shall have to direct your attention to some of the phenomena of muscular contraction, when we come to the causes and treatment of dislocations.

CASE OF DEFORMED PELVIS—CÆSARIAN OPERATION—DEATH.

By **FREDERICK COX, Esq., Welford.**

Rebecca Brooks, aged 27, the subject of this paper, was a single woman, residing at Welford, pregnant for the first time. She was a very diminutive person, with large head, short neck, short crooked legs, very hollow back, and weak intellect. I was called to attend her on Thursday, the 8th instant, by an order from the relieving officer. I saw her at five o'clock, p.m. I found her in labour; she had been so throughout the day, and had experienced strong pains since twelve o'clock. The pains were now strong and regular, and occurring about every five minutes; the membranes were ruptured by a pain, and much liquor amnii had escaped. On examination I found the vagina well lubricated, soft, and easily distensible. Upon passing my fingers into the pelvis, I met with a large round substance, which I at first took for the child's head; but soon discovered to be the promontory of the sacrum, occupying the greater part of the pelvis. With a great deal of difficulty I succeeded in getting the fore-finger of my left hand over the pubes, and ascertained the child's head to be presenting. I was alarmed at finding I could but just pass two fingers between the sacrum and pubes, or, in other words, to find the antero-posterior diameter of the pelvis to be about an inch and a half. After waiting an hour, I sent for my friend Mr. Colston, of Bosworth, and we had a consultation, the result of which was, a determination to obtain a third opinion, as we coincided that craniotomy would be of little or no avail, there being insufficient space for the base of the skull, &c., to pass. After considerable delay we were so fortunate as to obtain the aid of Mr. Francis, of Harborough. The poor woman had continued to have pains regularly throughout the night, and at eleven o'clock on Friday morning we met in consultation, and, having well weighed the matter, we agreed that we would attempt craniotomy; in fact,

although it held out but small hope of success, we considered we were bound to try it patiently and perseveringly. The child's head remained exactly as it had been at five o'clock on the previous night; it could be readily felt on the outside of the abdomen resting on the upper edge of the pubes. The os uteri had been fairly dilated many hours. The operation was performed in the usual way, and after between two or three hours almost incessant labour, we painfully felt that our efforts had been useless, as, after crushing the head, we could not cause the advance of the rest in the smallest degree, and we discontinued longer employment of these means. The patient's pulse was now fluttering and feeble; she evinced symptoms of temporary exhaustion, and the labour pains were almost suspended.

We again consulted, and were unanimous that the Cæsarion operation could alone deliver her, and having explained to the poor creature and her friends her exact situation, and the nature of her case, and proposed the only remaining remedy, we withdrew for half an hour. The patient and her mother were both willing that the operation should be performed, especially the former, who said that she would rather suffer any operation, than allow us to renew our attempts to extract the child.

At half-past two we proceeded to perform the Cæsarion operation, having previously ascertained that the bladder was empty. The patient having been placed upon a board, with the head and shoulders a little elevated, an incision was made through the skin and cellular membrane, about seven inches in length, a little to the left of the linea alba, and commencing about two inches above the umbilicus; having carefully dissected through the parietes at the upper end of the incision, so as to admit two fingers, I used these as a director, and completed the external incision. The peritoneum was simultaneously divided; no hæmorrhage attended this step of the operation. The protruding intestines were carefully held aside by my friends, and an incision of four inches and a half in length was made into the uterus, commencing a little below the fundus; the walls of this organ were about three quarters of an inch in thickness. Considerable hæmorrhage now took place, the more so, as the placenta was placed rather anteriorly, and about a third of it was cut through. The child was easily and quickly removed, and the placenta with the same facility, the uterus contracting forcibly and well. The child was large and well made, and of more than average dimensions. The blood lost did not amount to more than fourteen or sixteen ounces. The edges of the abdominal wound were brought together, and five sutures employed, placed about an inch apart. Adhesive straps round the abdomen, and a bandage, completed the operation.

I ought to have stated that a quantity of serum was seen in the abdomen when the parietes were cut through.

Scarcely was the operation finished before symptoms of syncope were manifested, and the woman vomited a considerable quantity of a greenish coloured fluid—an early intimation of the sympathy existing between the stomach and the injured uterus. The patient was placed in bed, and thirty drops of laudanum administered. She soon recovered from the more alarming symptoms, and expressed herself easy and comfortable,

and said, "this operation was a flea-bite to the other," alluding to our attempts to extract the child.

6 p.m. Pulse 100, soft; has had slight vomiting, but has partially recovered her calm appearance, and is easy. Has occasionally had a few teaspoonfuls of brandy and water. An effervescent draught, with five drops of tincture of opium, every three hours.

10 p.m. The vomiting has continued at intervals; has had no hæmorrhage; the pulse and general symptoms the same as at the last visit. Ordered one grain of opium with five grains of calomel immediately.

Saturday, 10th, 7 a.m. Has had no sleep; complains of slight tenderness in the abdomen; has vomited occasionally throughout the night; pulse 130, soft and compressible; tongue clean and moist; has passed urine several times; lochia inconsiderable, but there has been a large discharge of sero-sanguineous fluid from the wound in the abdomen; does not appear weak or exhausted, and is very cheerful; has had water gruel and arrowroot with wine.

2 p.m. Met Mr. Colston in consultation; the patient much the same as at last visit, but the vomiting is more distressing. An effervescent draught, with two drops of hydrocyanic acid, every three hours.

8 p.m. Vomiting not relieved; pulse 140, soft. The bowels not having been moved, ordered an enema, which brought away but a small quantity of feculent matter. The hydrocyanic acid having had no effect in abating the sickness, I gave two grains of opium, with five grains of calomel, in the form of pill.

10½ p.m. The sickness has not returned since the pills were taken; is very easy, and inclined to sleep.

Sunday, 11th, 6½, a.m. The vomiting returned about eleven o'clock, and has continued at intervals throughout the night; the matter ejected is of a coffee-ground appearance, and from two to three pints in quantity; the tongue is still moist, but discoloured by the matter vomited; pulse 150, soft and compressible; does not complain of pain, excepting that the bandages, &c., are tight; the belly is tympanitic; some tenderness on pressure. A sero-sanguineous fluid, of an offensive character, has issued from the wound in the abdomen, and some from the vagina; has had nothing pass the bowels; the urine passes involuntarily every time she vomits; administered an enema, which brought away much feculent matter, and gave great ease. Arrow-root and gruel, and a little brandy, have been given occasionally.

11, a.m. Met Mr. Colston in consultation; has had no sickness since the last visit; pulse is more feeble, 160; tongue still moist; we partly removed the bandages, and divided some of the adhesive straps; does not complain of pain, nor of much tenderness on pressure. Continued to take the effervescent salines, with 15 minims of aromatic spirit of ammonia. In the afternoon she slept for two hours and awakened cheerful, but soon after experienced dyspnoea; slight delirium came on and the pulse gradually sank; but the sickness did not return until about eight o'clock in the evening, when she vomited a little grumous matter, and soon after expired, having survived the operation fifty-four hours.

Sectio cadaveris, fourteen hours after death. No attempt at reparation was visible in the external wound this being enlarged and continued transversely on each side; the uterus was seen, well contracted and sinking

into the pelvis; the edges of the incision were in close apposition, but everted, I mean that the edges were together at the decidual surface but apart at the peritoneal, the walls being an inch and a half in thickness. It contained about two or three ounces of coagula. The peritoneal coat shewed patches of inflammation, but only to a trifling extent, and no traces of lymph could be detected; the lining membrane was here and there marked with a patch of redness, and was much congested. On the peritoneal coat of the bladder and intestines a blush of inflammation was here and there seen; but all the viscera were free from adhesions or deposits of lymph. The greatest appearances of disease were apparent on the peritoneum lining the anterior part of the abdomen, and closely in connexion with the cut edges of that membrane, and hereabout a few pieces of lymph were discovered. The stomach appeared healthy; both this organ and the intestines were much distended with flatus. The liver was of its normal size, but of a pale colour; the kidneys were in a similar condition; the lining membrane of the vagina was highly congested; the cavity of the abdomen contained a few small coagula, and about twelve or fourteen ounces of bloody serum.

The uterus, vagina, bladder, and rectum, being removed, the pelvis could be well examined. The promontory of the sacrum with the lower lumbar vertebrae arched forward, so as to overhang the pelvis and fill the greater portion of its space. The space between the sacrum and symphysis pubis was from one inch and three eighths to one inch and a half.

REMARKS.

From the ascertained admeasurement of the pelvis after death, it is very apparent that the child could not have been extracted by embryotomy, and some of my professional brethren may censure its adoption, but I think that those who have had to do with so unusual a case as mine, and others who have witnessed the success that has attended its employment, when adopted perseveringly and patiently, in cases at first holding out small hope of delivery, will readily excuse the practice. English practitioners feel, and justly feel, the great importance of the mother's life, compared with that of the child, and when one or other must be sacrificed, would immolate the latter. Dr. Thynne said "it was better to open six heads unnecessarily, than lose one woman." I do not think many will agree with him in saying so much, but I believe the majority of practitioners would resort to craniotomy first, in a doubtful case, giving the woman all the benefit that may accrue from it, before proceeding to delivery by the only remaining means—the dreadful operation of the Cæsarian section—an operation that has been so singularly fatal in this country, that nothing can justify its use, whilst any possible mode of delivery remains untried.

I cannot imagine a medical man placed in a more delicate and responsible situation than the one in which he has to determine upon the destruction of a child in utero, in a case where there is great doubt of its ultimate advantage to the mother. Yet I think, considering the statistics of the Cæsarian operation, it ought not to be neglected if it held out but a faint hope of a successful termination of the case.

If I might venture to advise those, who may unfor-

tunately have to deliver by the Cæsarian section, I would say, "Make your incision into the uterus as small as possible, compatible with the extraction of the child." The prostration of the nervous system from an extensive wound into so important an organ as the uterus is immense, and such as few can recover from; how necessary is it, therefore, to save it as much as possible, and not cut an inch nor half an inch needlessly. Doubtless the majority of deaths, the result of this operation, have arisen from the shock to the system, and not from the extensive wounds being beyond reparation.

I think, from the *post-mortem* appearances in the case here reported, it is fair to infer that recovery would have taken place, could the system have withstood the shock consequent upon the operation.

The only difficulty I experienced was from the presence of the bladder, which was not entirely emptied,* and great care and caution were required in order to prevent its being injured; a fact that may be worthy the notice of those who may perform the operation hereafter.

The grateful task alone remains, for me to thank my colleagues for their prompt attendance. I feel great pleasure in thus publicly thanking them for their valuable counsel, and for their patient and judicious assistance, in a case of no ordinary difficulty.

Welford, Northamptonshire, Aug. 21, 1844.

MORBID CONDITION OF THE CEREBRAL FUNCTIONS SUCCESSFULLY TREATED BY DR. WALLIS'S SCALP ISSUE.

By W. S. OKE, M.D., Southampton, Physician to the Royal South Hants Infirmary.

When a severe remedy comes recommended by *respectable* authority for a cure of a dangerous and threatening disease, it surely is the duty of every medical man, when a similar disease falls under his care, and all ordinary efforts have failed, to give the means recommended a fair trial, in order that its efficacy or failure may be determined by the test of general experience.

In the eleventh volume of the transactions of the Provincial Medical and Surgical Association, Dr. Wallis, one of the physicians of that excellent institution, the Bristol Infirmary, has recommended a remedy of this kind for the cure of several grave diseases of the brain.

It consists of a long issue in the scalp, commencing from the centre of the forehead, where the hair begins to grow, and extending (in the adult) seven or eight inches backwards, in the direction of the sagittal suture. It is made thus. The integuments are *completely* divided by a scalpel, and the lips of the wound, from beginning to end, are to be kept apart, first by a thick dossil of lint soaked in turpentine, and afterwards by a double row of peas.

This remedy, it must be confessed, wears a very formidable appearance, especially in *private practice*, and where the patient is of a *tender age*, and was quite enough *prima facie* to make one of our most talented

reviewers to cry out for mercy, and to be delivered "from Dr. Wallis and his issue." But we ought not to allow this remedy to be prejudged, either by such an ejaculation or by its own seeming severity. We must bear in mind that it does not partake of the character of the "*anceps remedium melius quam nullum*," and as to any pain being occasioned by it, the majority of patients on whom the operation might be performed, will be generally in a state scarcely sensible of it. The principal risk incurred will be hæmorrhage from the ultimate branch of the temporal and occipital artery. In the generality of cases, a moderate hæmorrhage will be of no small advantage; and if the bleeding should be so profuse as to give cause for alarm, there is no part of the body where hæmorrhage can be more readily controlled either by pressure, ligature, or the actual cautery.

As I am not aware that any reports have hitherto been published either in commendation or condemnation of Dr. Wallis' remedy, I feel it my duty to ask you to make known the following case, which was attended by Dr. William Bullar and myself. I trust the result will lead others fearlessly to adopt the remedy in *suitable cases*, where milder means have failed, and where the extreme peril of the patient emphatically calls for decisive practice.

Thomas Thompson, seven years and a half old, was attacked on the 30th of May last, with the febrile symptoms of scarlatina. On the following day the exanthem appeared. It was not accompanied with the ordinary symptom of inflamed throat, and it remained out the usual time. The next three days were marked with great febrile excitement, and the brain became involved. On the 5th of June he was delirious.

Up to this date he was attended by Dr. William Bullar, who had employed such remedies as were most suitable to the case—the mercurial treatment, leeches, blisters, &c. We now attended the child together. We agreed to blister the scalp again, to apply a bladder of ice to the forehead, and to persist in the mercurial treatment.

6th. The symptoms are in nowise improved. He is delirious, almost unconscious, frequently catching at imaginary objects. There is some degree of sensibility of the irides; but the corneæ are drawn upwards and backwards under the superior palpebræ. The pulse is intermittent and faltering.

As all ordinary remedies used under such circumstances were of no avail, as the child was fast sinking under the disease of the brain, and as the case was considered to be hopeless, Dr. William Bullar proposed the scalp issue, recommended by Dr. Wallis, as the only means left that might possibly relieve the morbid condition of the cerebral function. After a little hesitation I assented to the proposal, and communicated it to the parents, taking care to use the term "issue," lest that of "operation," might stand in our way. They put confidence in our proceedings, and gave their consent. In the evening the issue was made in the following manner:—

The hair being shaved off, and the vertex of the child's head brought to the edge of the bed, Dr. W. Bullar began his incision where the hair of the forehead commences, and carried it backwards five inches over the track of the sagittal suture. The scalp was

* The fundus of the bladder containing some urine, being placed between the head of the child and the pubes, rendered the escape of the urine impracticable.

completely divided, and a few ounces of blood lost by the incision. The lips of the wound were kept apart by a thick dossil of lint soaked in turpentine, and strips of adhesive plaster were laid transversely over it, to keep it in its place.

All medicine, except an occasional purge, was now laid aside, and the wound dressed daily.

7th. He has been very delirious during the night, and appears nearly the same as yesterday.

8th. He has had a restless night but less delirium. There is greater prostration, and much difficulty in rousing him from *apparent* stupor; this, however, is ascertained to arise from deafness; for on speaking loudly close to his ear, he answers questions correctly. There is less fever. His tongue is clean, and he begins to take food.

9th. At midnight he fell into a sound sleep, and did not wake till nine o'clock this morning. He is generally better. It is evident that the cerebral functions are being relieved. The issue is discharging.

10th. He has slept soundly the whole night, and is progressing favourably in every respect. He has completely regained his senses, and recognises every one around him. The issue continues to discharge well, and his appetite is improving.

He went on admirably till the 17th, when he became affected with the anasarca of sequelæ of scarlatina. These symptoms were soon removed by the hot air bath, which caused him to perspire profusely, and by other ordinary remedies. After this he was sent to the Isle of Wight, where he rapidly recovered. He is at this time perfectly well.

Southampton, August 23, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 18, 1844.

The attention of the members of the medical profession, a body not in general very readily roused to action, seems at length fully alive to the necessity for exertion on the subject of Sir James Graham's Medical Bill. The outrage upon the community contemplated in the removal of all restrictions to the practice of medicine by persons not merely unqualified from ignorance, but disqualified by false and interested pretensions to a knowledge which they do not possess, is too gross to be passed over. The proposition is too monstrous, and every effort by those who are the real and only safe guardians of the public health, educated and qualified medical practitioners, will be made to prevent its adoption.

We recently reported the meetings held in the counties of Hereford, Surrey, and Warwick, to take into consideration the bill of the Home Secretary. In another part of the present number will be found an account of the proceedings at Bedford, Birmingham, Stourbridge, and Reading. Preliminary arrangements were yesterday entered into

for calling together the medical practitioners of the county of Worcester; meetings are also intended to be held at Ipswich, and at Manchester and other towns in the north, and there is little doubt but that the expression of opinion on the subject will be as general as it is decided.

There is no immediate necessity for extending these remarks further on this occasion, nor do we now propose to enter upon the general merits of Sir James Graham's measure. In compliance with the request of the Council of the Provincial Medical and Surgical Association, it is purposed next week to publish the bill at full length, and it will then be time enough to enter into a calm, and we trust, unprejudiced and unbiassed consideration of its provisions. Some of them are of unquestionable utility, and we are glad to perceive from the tone of the meetings which have already taken place, that, while the most strenuous resistance will be offered to that part of the bill, which, by the withdrawal of the small amount of protection now enjoyed by the public against the artifices of the quack and empiric, affords such direct encouragement to impostors of this description, the general disposition seems to be rather to amend, if indeed it shall be found susceptible of amendment, than entirely to defeat the proposed measure.

MANCHESTER EYE HOSPITAL.

Cases by JOHN WALKER, Esq., Surgeon to the Hospital.

CENTRAL OPACITY OF THE CORNEA—TREATMENT BY HYDROCYANIC ACID—OPERATION FOR ARTIFICIAL PUPIL.

Robert Newall, aged 53, applied for my advice on the 23rd of January, 1844. He stated that two years previously he had a very severe attack of ophthalmia, affecting both eyes, which continued with more or less severity for about six months, and left him in a condition of almost total darkness. The vision of the left eye had, however, somewhat improved since, as he can now discern the shadows of objects passing before him, but he is unable to find his way without a guide.

On examination, a central opacity of the cornea of both eyes is observed, the circumference being perfectly transparent. The conjunctiva is of a deep olive colour, arising apparently from an excessive use of nitrate of silver. The central portion of the iris of the right eye is adherent to the corresponding portion of the cornea, evidently caused by a penetrating ulcer of the latter texture, the pupil being obliterated. No such adhesion has taken place in the left eye, the pupil being visible at several points from the circumference of the cornea. The pupil does not appear to contract or expand, but remains fixed, although of moderate size.

Since the loss of his sight, he has applied several kinds of drops with a view of removing the opacity, but without benefit; indeed, he thinks his vision has improved more since he left off using them than previously.

He was ordered to attend three days a week for the purpose of having sulphate of copper applied to the inner surface of the lids. This was continued for a fortnight without any alteration in the appearance of the eyes, or any improvement of sight.

Feb. 3rd. The vapour of hydrocyanic acid, double the strength of Scheele's, was now resorted to, and was kept in contact with the eyes for about two minutes. A sense of heat was experienced, with a slight uneasiness, scarcely amounting to pain. Increased vascularity was observed, and the eyes were watery. None of these effects were so intense as those produced by the sulphate of copper, and more quickly disappeared. This remedy was used at first every other day, and soon every day, until the 19th of April, on which day he was admitted an in-patient of the hospital under my care.

April 20th. He is now in every respect the same as previous to the employment of the acid, the opacity not having diminished, and no more of the pupil becoming visible in either eye. Having now abandoned hope from any remedy short of an operation, I determined on making an artificial pupil in each eye. I accordingly made a puncture at the lower margin of the cornea, with an extraction knife, drew out a portion of iris with the forceps, and snipped it off with scissors. This was done first in the right and then in the left eye. No inflammation supervened; an excellent pupil in each eye, opposite the lower portion of the cornea, was the result of the operation, and the patient was shortly restored to a very useful amount of vision, having no longer occasion for a guide.

The much-vaunted powers of the hydrocyanic acid, in opacities of the cornea, were put to the test in this case and found valueless. I have tried it in a few others with the like result. I have no doubt it will be useful in some cases, in which other stimulants would act beneficially, but I am satisfied that a case which does not yield to ordinary stimulants will never be benefited by it. With this view of the subject, we can easily account for the recoveries said to have followed its employment.

PUPIL OBSCURED BY A PENETRATING ULCER OF THE CORNEA—OPERATION OF STRANGULATING A PORTION OF THE IRIS.

Samuel Galley, aged 26, from near Crewe, was admitted an in-patient of the hospital July 16th, 1844. It appeared that he had been occasionally subject to ophthalmia for many years past, and that the left eye had been destroyed nineteen years before. Two years since he was attacked with an inflammatory affection of the right eye, attended with ulceration of the cornea, which terminated in an extensive cicatrix at the inner margin. There had evidently been a penetrating ulcer at this point, for the pupil was drawn underneath, and nearly obscured by the opaque portion of the cornea, a mere line of the pupillary margin being alone visible. With this eye, he had no useful sight, being merely able to guide himself about. The general appearance of the iris, and of the whole of the eye, was healthy.

July 27th. There appearing good reason to believe that the lens and capsule were transparent, it became a matter of importance to select some operation which would not interfere with their integrity. As the pupil

had been drawn towards the inner canthus by a prolapsus of the iris through the ulcerated portion of the cornea, so it seemed probable that if an aperture were made at the opposite margin, and a portion of the iris drawn out and left to strangulate, the pupil would be again drawn towards the centre. The following proceeding was therefore adopted:—A puncture was made with an extraction knife at the outer margin of the cornea; the aqueous humour immediately escaped, and the pupil was seen to extend itself across like a fine black line. A pair of forceps was next passed through the wound of the cornea, a piece of iris laid hold of, pulled out, and left outside the wound, forming a tumour about the size of a very large pin's head. This operation then had the effect of bringing the pupil quite across from near the inner to the outer margin of the cornea, and rendering the patient's vision almost as good as ever. A slight degree of inflammation succeeded to the operation, which was kept up by the strangulated portion of the iris. At the end of the first week the caustic pencil was applied to the projecting point; it was again applied on two different occasions at intervals of two or three days, when the tumour had disappeared.

August 24th. All irritation has now ceased. After the application of the caustic, although some portion of the prolapsed iris sloughed off, there was a degree of retraction of the iris internally, and the pupil did not extend so far towards the outer margin of the cornea; but what was lost in the horizontal was gained in the upward direction, its size now being about four lines across and two lines upwards. Vision is completely restored.

GALVANISM IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Uterine hæmorrhage sometimes proceeds to such an extent as to render the delivery of the child, in my opinion, a dangerous practice, although sanctioned by some of our best obstetric writers, and adopted by the great bulk of the profession, being considered by them as giving the woman the best, if not the only chance of surviving, and of saving the child's life in such cases of extreme exhaustion from flooding. I have, therefore, in this short communication, suggested the application of a most important remedial agent, capable, as far as I am able at the present time to state, of rousing the subdued energies of the uterus, and thus bringing into operation that power which can alone secure the woman from further loss, I mean the contraction of this organ. This consequently would enable the practitioner successfully to adopt such measures as would have the effect of raising the vital powers, and at the same time would also prevent any further effusion (which nearly always occurs) in cases where the action and power of the heart and arteries are increased by the administration of stimulants, or other means of support, while the uterus still remains in an atonic state.

The remedy I allude to is galvanism. Slight shocks carried through the long axis of the uterus, by means of a conductor being introduced along the vagina to the os uteri, and another being placed externally over

the fundus. Shocks should also be carried transversely through the organ, by placing a conductor on each side.

I have not entered into a detail of all the means to be used in these cases, but have only made this communication in order that those of my professional brethren, who may meet with such cases, may have the opportunity of adopting the practice here recommended, intending to enter more fully into the subject when I have completed the experiments I am at present engaged in.

Yours most respectfully,

THOMAS RADFORD.

Manchester, Sept. 11, 1844.

P.S. This agent is also applicable to other cases of uterine hæmorrhage.

SIR JAMES GRAHAM'S MEDICAL BILL. BEDFORD COUNTY MEETING.

At a meeting of the medical practitioners of the county of Bedford and neighbourhood, held at the General Infirmary, Bedford, on Wednesday, September the 4th, 1844, for the purpose of taking into consideration the provisions of the Bill for regulating the Medical Profession, lately laid before Parliament by the Secretary of State for the Home Department:—

PRESENT: Isaac Hurst, F.R.C.S., Surgeon to the General Infirmary, Bedford, in the chair; William Bailey, Bedford; Thomas Herbert Barker, B.M., Bedford; William Blower, Bedford; J. Brunton, Turvey; Thomas Chapman, jun., Amptill; Robert Collison, Newport-Pagnel; Robert Couchman, Bedford; Edward Daniell, Newport-Pagnel; Nathaniel Godfrey, Turvey; Joseph Gregory, Risley; Andrew Hamilton, Amptill; John Harris, F.R.C.S., Springfield, Surgeon to the General Infirmary, Bedford; George Hedley Dixon, Bedford; John Hemming, Kimbolton; John Hemming, jun., Kimbolton; J. Hilliard, Shefford; William Heygate, M.D., Aspley-Guise; Robert Inerarity, Baldock; William Forbes Laurie, M.D., Dunstable; T. Layman, Shefford; William Robert Mesham, M.D., Physician to the General Infirmary, Bedford; Thomas Mitchell, Bedford; George Paxon, Cranfield; — Philson, M.D., Hitchin; Henry Raynes, Potton; George Osborn Rogers, Newport-Pagnel; Lewis Rudge, Great Barford; — Sandall, Potton; Richard Stevens, Market Street; John Thompson, Biggleswade; William Thurnall, Bedford Infirmary; Henry Veasey, Baldock; John Williamson, Sharnbrook; George Witt, M.D., F.R.S, Physician to the General Infirmary, Bedford; Thomas Woolridge, Bedford; William Wootton, Harrold.

The following resolutions were unanimously agreed to:—

1st. That the protection afforded to the public and the profession by the Apothecaries' Act, although imperfect, has been of great service in advancing the progress of medical art; and that the unconditional repeal of that Act will not only be injurious to the public, but unjust to the medical profession.

That, in the opinion of this meeting, the summary infliction of a penalty on all persons pretending to be on the register, or practising medicine without being duly qualified, would effectually check such practice.

2nd. That the constitution of the proposed Council of Health is objectionable, as throwing too much patronage into the hands of the Government, and also inasmuch as members of the councils of the different colleges would, in the Council of Health, have the power of confirming bye laws which, in the councils of the colleges, they had already sanctioned; it would therefore be desirable to exclude persons holding any office in the colleges from the Council of Health.

3rd. That the introduction of a third grade in the profession is objectionable and uncalled for. That if it be determined to establish such a grade, it is, in the opinion of this meeting, inconsistent to require that persons wishing to practice surgery or physic alone, should continue their studies four or five years beyond the time at which they might have been declared competent to practice both.

That if it be intended to afford an opportunity of distinction in those branches of the profession, it should still be compulsory upon all to undergo the preliminary examination in both physic and surgery, for the degree of licentiate.

4th. That it is the opinion of this meeting, that the appointment to public situations of those persons who have been duly registered, and the infliction of penalties on unqualified persons, for practising in public offices, may be regarded as protective to the public and the profession only to a very limited extent, inasmuch as public appointments are held but by a few from amongst the entire number of medical practitioners; and that such an enactment would be an inefficient substitute for the repeal of all restriction to general practice.

5th. That the profession do not expect nor require any exclusive rights or privileges, but that, considering the inability of the public to become judges of medical skill, it ought to be protected from the ignorance of pretenders, and that the present medical practitioners having been required to make themselves acquainted with their profession at great expense, it is the opinion of this meeting, that all persons practising medicine or surgery, should also be duly qualified for that purpose.

6th. That an Association be formed for the purpose of watching the progress of the Bill, and taking any steps that may be necessary to oppose the objectionable clauses, and that the members of the profession, residing in the county and neighbourhood, be invited to enrol themselves as members of such Association, and that a committee be appointed to transact such business as may arise in carrying out the objects of the Association.

That a subscription of ten shillings each be paid by the members of the Association for the purpose of defraying all necessary expenses.

7th. That a deputation be formed, to wait upon various Members of Parliament, to afford them any necessary explanation, and request them to support the views of the Association.

8th. That this meeting views with unfeigned concern the admission of Sir James Graham, in his place in Parliament, of his inability to grapple with the crying evil of quackery, an evil admitted in all ages, and involving, as it does, the life and health of every subject in the realm, and therefore possessing a paramount claim upon the attention of the legislature.

That other governments have not considered the evil to be so insuperable, and that the success of their efforts to suppress it, and to protect the lives of their subjects, prove that much may be done by legislation to diminish, if not extinguish the evil altogether.

9th. That while this meeting deprecates any measure tending to throw medical practice open to the public, it also expresses its approval of many of the provisions of the new Bill, which are unquestionably calculated to raise the standing of the profession, and to place medical practice on a more liberal and firmer basis: this meeting therefore hopes that Sir James Graham will not be deterred by the opposition which some parts of the bill have called forth, from reconsidering the subject, and from granting such protection as may guard the public from imposition, and the profession from the inroads of the uneducated and unqualified.

10th. That the thanks of this meeting be presented to the Governors of the Infirmary for the use of their Committee Room on this occasion.

ISAAC HURST, Chairman.

11th. That the thanks of this meeting be presented to the Chairman for his able conduct in the chair.

BIRMINGHAM AND MIDLAND COUNTIES' MEETING.

At a Meeting held at Queen's College, Birmingham, September, 9, 1844; John Birt Davies, M.D., in the Chair.

On the motion of Dr. James Johnstone, seconded by Mr. E. Bartleet, it was resolved unanimously, "That a Society, called the Birmingham and Midland Districts Medical and Surgical Association be now formed, to take into consideration the provisions of Sir James Graham's Bill, and to protect the interests of the Profession."

On the motion of Mr. E. T. Cox, seconded by Dr. Eccles, it was resolved unanimously, "That Dr. Male, the Senior Physician in the town of Birmingham, be President of the Association."

On the motion of Dr. Bell Fletcher, seconded by Mr. Pye Chavasse, it was resolved unanimously, "That the senior physician of the General Hospital, Dr. James Johnstone; the senior surgeon of the General Hospital, Mr. R. Wood; the senior physician of the Queen's Hospital, Dr. Birt Davies; the senior surgeon of the Queen's Hospital, Mr. W. Sands Cox; the senior physician of the General Dispensary, Dr. Bell Fletcher; the senior surgeon of the General Dispensary, Mr. G. Elkington; the senior surgeon of the Town Infirmary, Mr. Edwd. T. Cox; the senior surgeon of the Eye Infirmary, Mr. Bartleet; and the surgeon of the Lying-in-Hospital, Mr. F. Elkington, be Vice-Presidents of the Association, with power to add to their numbers."

On the motion of Dr. Wright, seconded by Dr. Evans, it was resolved unanimously, "That the following gentlemen constitute the Provisional Council of the Association, together with the President and Vice-Presidents, with power to add to their number:—Dr. Eccles; Dr. Evans; Dr. Melsom; Dr. Percy; Dr. Wright; Mr. S. Amphlett; Mr. S. Berry; Mr. A. Brindley; Mr. E. Cheshire; Mr. T. Chavasse; Mr. P. Chavasse; Mr. T. Freer; Mr. T. Green; Dr. Ingleby;

Mr. G. B. Knowles; Mr. L. Parker; Dr. Arrowsmith, Coventry; Dr. Thompson, Stratford-on-Avon; Mr. Best, Bilston; Mr. Bird, Tamworth; Mr. Cartwright, Dudley; Mr. Davies, sen., Colehill; Mr. Fowke, sen., Wolverhampton; Mr. Horton, sen., Bromsgrove; Mr. Moore, Halesowen; Mr. Morgan, Lichfield; Mr. Mason, Nuneaton; Mr. I. P. Oates, Sutton; Mr. F. Proud, Wolverhampton; Mr. Pitt, Walsall; Mr. Power, Atherstone; Mr. D. Rice, Stratford-on-Avon; Mr. Troughton, Coventry; Mr. Underhill, sen., Great Bridge; and "That Mr. Sands Cox be appointed Provisional Honorary Secretary."

On the motion of Dr. Percy, seconded by Mr. Bartleet, it was resolved unanimously, "That the Provisional Council be requested to take into consideration the proposed enactments of Sir James Graham's bill, to draw up rules and regulations for the members of the Association, with the view to protect the public, and at the same time to promote the efficiency of the medical profession, by elevating the standard of its character and preserving its interests, and that the Council be requested to report thereon, to the members, at an early meeting."

On the motion of Mr. G. Elkington, seconded by Mr. Amphlett, it was resolved unanimously, "That the Chairman of this meeting be requested to transmit to the Chairman of the meeting of the members of the medical profession, called at the public office for the 10th instant, a copy of the resolutions now passed."

On the motion of Mr. C. B. Knowles, seconded by Mr. Harmar, it was resolved unanimously, "That the first meeting of the Council do take place on Tuesday the 17th instant, at three o'clock, in the library of the college."

JOHN BIRT DAVIES, Chairman.

A vote of thanks was also passed to Dr. Birt Davies, for his able conduct in the chair.

STOURBRIDGE MEETING.

At a general meeting of the medical profession of the town and neighbourhood of Stourbridge, held at the Talbot Hotel, September 5, 1844, and convened for the purpose of taking into consideration Sir James Graham's Medical Bill; W. H. Freer, Esq., in the chair.

The following resolutions were unanimously agreed to:—

Proposed by H. Giles, Esq., and seconded by Edward Moore, Esq., "That it is the opinion of this meeting, that the repeal of the Apothecaries' Act of 1815, which affords the only protection to medical men and the public generally, against unqualified persons, without the substitution of some other measure of a more stringent character, would be attended with most serious evil to all."

Proposed by Dr. Dudley, and seconded by John Brighton, Esq., "That a petition, signed by the members of the profession in Stourbridge and the neighbourhood, be presented to the House of Commons, embodying the substance of this resolution."

Proposed by R. L. Freer, Esq., and seconded by J. Taylor, Esq., "That the Members of the County be requested to present the petition; and that Robert

Scott, Esq., M.P., and J. S. Pakington, Esq., M.P., be respectfully requested to support the same."

Proposed by Thomas Holyoake, Esq., and seconded by J. L. Teed, Esq., "That these resolutions be forwarded to the Editors of *The Times*, the *Provincial Medical and Surgical Journal*, *The Lancet*, the *Ten Towns' Messenger*, and the *Worcestershire Chronicle*. And that they be requested to publish them."

Proposed by E. Moore, Esq., and seconded by J. L. Teed, Esq., "That the Chairman of this meeting, together with the members of the medical profession residing in Stourbridge, and now present, be formed into a committee of management."

It was also resolved, that the best thanks of this meeting be given to the Editor of *The Times*, for his powerful advocacy of the interests of the profession; and to the Chairman for his efficient conduct in presiding over the meeting."

READING MEETING.

A meeting of members of the medical profession, resident in Reading and the neighbourhood, was held in the Council Chamber, on Tuesday, Sept. 10th, Dr. Smith, in the chair.

The following gentlemen were present:—Dr. Smith, Dr. Cowan, Dr. Woodhouse; Dr. Brown, Newbury; Dr. Somerville, Pangbourne; J. Bulley, F. A. Bulley; F. Cox, Aldermaston;—Colburn, Marlow; J. Dunn, A. G. Field, J. Harrinson, R. J. Hale, W. Hewett, S. W. Kidgell, G. May, E. May, T. B. Maurice;—Robson, Henley; R. Smith, Whitechurch; T. Taylor, Wargrave; C. Vines, T. S. Workman, M. Workman; W. Wall, Mortimer; T. L. Walford, and W. B. Young, Esquires.

Dr. Smith in taking the chair observed, that the subject for the consideration of which that meeting had been convened was a very important one—involving not only the interests of the medical profession, but the welfare of the community, the care of the public health, and the advancement of medical science, and he much regretted that they had not selected a more efficient chairman to preside over a meeting where subjects of such great importance were to be discussed. As they were aware, a measure had been introduced by Sir James Graham, purporting to be for the better regulation of medical practice, and proposing, among other things, to repeal the Apothecaries' Act, without substituting any other test of qualification to the profession. It was the object of the meeting to petition the legislature against the measure, particularly in reference to the omission to which he had already alluded.

Dr. Cowan rose to move the first resolution. It was not necessary to occupy their attention for any lengthened period, for they were met not as a public, but as a professional body, to discuss their own grievances, and to consider the propositions contained in the bill brought forward by Sir James Graham. He did not wish to pronounce indiscriminate condemnation, or to deprecate every part of the bill, as it unquestionably contained many clauses adapted to improve materially both the education and the corporate interests of the medical profession, and he gladly hailed anything calculated to promote that improvement. He would thankfully admit whatever was

useful and beneficial in the bill, but he must protest most strongly against that part of it which involved the removal of all restrictions upon unqualified practice. One of the main points of the bill, which was the establishment of a central controlling and governing body, or Council of Health and Education, exercising authority over all existing medical corporations, was, by itself, undoubtedly a most desirable measure, and one which had long been wanted. But as provided for by this measure, it must be regarded as too exclusively ministerial in constitution; the governing body would be composed of a majority of official men, and eventually the profession be represented only by one or two active medical members, thus rendering the council a most inadequate representation of the opinions and interests of the profession, and calculated rather to injure than to benefit them. Still, the proposal was well-intentioned on the part of government, and should so far be acknowledged with gratitude. Another point which called for acknowledgment was the proposition for securing one uniform and efficient standard of professional education—compelling all practitioners to give evidence of their qualifications, reducing the number of licensing bodies from nineteen to five, and rejecting all foreign diplomas. This, with an improved system of registration, and the limiting of public medical appointments to regularly educated practitioners, was most decidedly a considerable boon; but notwithstanding these acknowledged advantages, it would be far better that the profession be left as it was, than that the bill should pass in its present form.

Dr. Cowan then entered into an able exposition of the evils resulting to the community and the profession from the practices of quacks and empirics, and deprecated the encouragement afforded by the bill to such practices. We regret that our limits prevent us from giving this portion of his observations at length. He concluded by moving—

"That whilst this meeting hails with satisfaction certain general measures relating to the education and government of the medical profession, as contemplated in the bill recently introduced into Parliament by Sir James Graham, they yet feel called upon to protest, in the strongest manner, against those clauses which involve the removal of restrictions upon unqualified practice."

The motion was seconded by Dr. Brown, of Newbury, and carried unanimously.

The following resolutions were then passed:—

Proposed by Dr. Woodhouse, seconded by John Bulley, Esq., "That this meeting do resolve to present petitions to both Houses of Parliament in accordance with the preceding resolution."

Proposed by G. May, Esq., seconded by—Colburn, Esq., of Marlow, "That the following petition be adopted:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The petition of the undersigned physicians, surgeons, and apothecaries of Reading and the surrounding districts,

Humblly sheweth,

That your petitioners are legally qualified practitioners of medicine and surgery resident in Reading and its neighbourhood.

That they deplore the anomalous condition of the medical profession, and concur in the expediency of its revision by legislative enactment.

That although they regard with satisfaction some of the provisions contained in the projected bill of Sir James Graham, yet as a whole, they view it with disappointment, disapprobation, and alarm; for, while it professes to protect the medical profession, and the public health, they believe it to be directly and most grievously injurious to both.

That it offers direct encouragement to empiricism, with its enormous and incalculable evils, tends to degrade the educated and legalized practitioner, and to discourage and retard medical science.

That it is unjust to practitioners who have qualified themselves by a prolonged and expensive course of study, to subject them to an open and unrestricted competition with the uneducated, and while protecting the army and navy, together with the poorer classes, it fails to provide for the great body of the community, and exposes them to the wrongs and miseries of the ignorant and unprincipled pretender.

That the repeal of the Apothecaries' Act, without substituting ample security against empiricism, is both unwise and unjust; and that any bill which does not provide direct and efficient prohibition, will fail to give adequate protection to the profession and to the community.

Your petitioners therefore respectfully and humbly appeal to your honourable House, in confidence that the prayer of their petition will duly receive your serious and mature consideration.

And your petitioners will ever pray, &c.

Proposed by T. B. Maurice, Esq., seconded by Francis Cox, Esq., of Aldermaston, "That the Most Noble the Marquis of Downshire, Lord High Steward of the Borough of Reading, be respectfully requested to present the Petition to the House of Lords; and that Charles Russell, Esq., M.P., be respectfully requested to present the Petition to the House of Commons, and that Lord Viscount Chelsea be also solicited to support the prayer of the same."

Proposed by S. W. Kidgell, Esq., of Pangbourn, seconded by A. G. Field, Esq., "That copies of the Petition be sent to each Member of Parliament in the County, and to the Provincial Medical and Surgical Journal, The Lancet, Medical Gazette, Medical Times, The Times Newspaper, and the Reading Papers. And that every member of the profession be requested to exert his best interest in forwarding the objects of this meeting."

Proposed by Thomas Taylor, Esq., of Wargrave, seconded by J. Harrington, Esq., "That the cordial thanks of this meeting be given to Dr. Smith, for his courteous and able conduct in the chair."

PUNISHMENT OF QUACKS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

If, during the impending medical storm, Sir James Graham should think fit to suppress quackery and empiricism, let him look to olden time, and he will see how those affairs were then managed.

I rather fear the emolument derived from the stamps

will induce him to let loose on the public the whole host of quacks, hoping thereby to increase the golden harvest, though at the certain risk of the lives of her Majesty's subjects. No doubt he has in view the old adage, "*si vulgus vult decipi decipiatur.*"

In Edward the Sixth's reign, one Grig, a poulterer, in Surrey, was set in the pillory at Croydon, and again in the Borough of Southwark, during the time of the fair, for cheating people out of their money, by pretending to cure them by charms, by only looking at the patient, or by casting his water.

In the reign of the first James, the council dispatched a warrant to the magistrates of the city of London, to take up all reputed empirics, and bring them before the censors of the college, to examine how properly qualified they were to be trusted either with the limbs or lives of his Majesty's subjects.

Dr. Lamb, a most noted quack, and one who had got a large fortune by his pretended medicines, was at last obliged to confess he knew nothing of physic.

Read and Woodhouse, two other contemporary quacks, were likewise brought to justice, and acknowledged the same.

In Stowe's Chronicle we meet with a relation of a water-caster being set on horseback, his face to the horse's tail, which he held in his hand, with a collar of urinals about his neck, led by the hangman through the city, whipped, branded, and then banished.

Fairfax was fined and imprisoned in King William's time for doing great damage to several persons by his "*Aqua Celestis*;" also one Anthony, with his "*Aurum Potabile*;" Arthur Dee, for advertising medicines which he gave out would cure people of all diseases; Foster for selling a powder for the green sickness; Aires for selling purging sugar-plums; and Tenant, a urine-caster, who sold his pills at a pound each. Hunt was punished for putting up bills in the streets for the cure of diseases; and Phillips, a distiller, for selling strong waters, inserting in the directions what they were good for, and how persons were to take them.

I remain, Sir,

Your most obedient servant,

J. H. BALLER.

Bideford, September 7, 1844.

OBITUARY.

Died, on Tuesday, Sept. 10th, aged 47, John Jenkins Maclean, Esq., of Boston, Lincolnshire.

TO CORRESPONDENTS.

Communications have been received from Dr. Black; Mr. J. F. Clarke; Mr. Godfrey; Mr. Newnham; Dr. G. Fife; Mr. Martin, of Reigate; Mr. Daniell; and Mr. Even.

Studiosus cannot avail himself of the advantages he alludes to without the permission of the gentleman with whom he is engaged. Mr. Newnham's letter is in type, but is unavoidably postponed till next week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

LECTURES ON PUBLIC HYGIENE AND MEDICAL POLICE.

Delivered at the Manchester Royal School of Medicine and Surgery. Summer Session, 1844.

By JAMES BLACK, M.D., Manchester.

LECTURE IV.

We have, in our last lecture, considered some of the principal elements that enter into the subject of topical climate as it affects the salubrity of sites for dwellings and that of towns, deduced from the general climate of the country, and the many meteoric modifications arising from gaseous and other products, with which the local atmosphere may be contaminated. We have also pointed out some of the more obvious sources of these modifying, if not noxious, influences, and stated how they may be generally avoided, and remedied where they are already present. We shall now proceed to consider some of the special sources of insalubrity, noxiousness, and discomfort, that may arise from either want of attention to cleanliness or ventilation, or from the deleteriousness, or even unpleasantness of certain manufactures, chemical, and other works, whose drainage or gaseous emanations, if not positively injurious to health and property, at least come under the denomination of nuisances.

In all towns, and even in large hamlets, the importance of right drains and sewers cannot be doubted, for on a proper construction of them the salubrity of the inhabitants greatly depends. They should always have such a fall as will carry off all impurities, and prevent any accumulation of stagnant water; and where the inclination cannot be obtained sufficiently great, moveable weirs, flush, or sluice boards, to be opened at regular times, may be erected at spots more or less distant through the course of the sewers.

We have formerly deduced a rough estimate of the animal refuse that is daily produced in such a town as Manchester, as well as of the quantity of soot and dirt that is deposited on three square miles of this town and its immediate neighbourhood, from which it may be seen how much a suitable sewerage is necessary, and how important it is to attend to its ample and proper construction, even to preserve cleanliness, and more so when the public health is considered. Notwithstanding the

quantity of excremental matter that is carried off in a fluid or semi-fluid state by drains into the intersecting rivers, or is absorbed by the subjacent sand, an immense quantity is daily transported out of the town as night-soil, to fertilize the farms and gardens for many miles round, and especially those in Cheshire, towards Altringham. The amount of this daily exportation, if it could be correctly ascertained, would be surprising. To come to some knowledge of this interesting piece of internal economy, I enquired at the keepers of the weighing machines at Cromford and Stretford new-road toll-bars, the daily number of carts containing night-soil that passed through these gates *extra urbem*. From these two sources I found that upon an average throughout the year, 187 loads pass daily, which amount to 58,240 in the year, loads, which, at two tons per load, give for the whole weight 116,480 tons, of which the gate-keepers reckoned about three-fourths to be night-soil, which will thus amount to 87,360 tons. This exportation at one side of the town, which, indeed is the one having the most traffic of this kind, is enormous; but it is not finally exported, for the greater part, if not all of it, is again re-imported, during the course of the succeeding year, under the more pleasing aspect and valuable produce of potatoes,* corn, vegetables, and fruit, which are brought in such abundance and richness from that part of Cheshire into our markets. This waste and reconstruction, this destruction and regeneration in organic nature—arguing a great compensating action and reaction in the hands of Providence, have given rise to many interesting and hopeful views of maintenance always keeping pace with any increase of population, till a density equal to that of the Chinese population, may be equalled, if it may not be exceeded.

This emptying of privies and cess-pools and the subsequent transportation of the night-soil, is a process highly unpleasant and offensive, and in several cases is attended with asphyxia or serious attacks of illness to the persons employed—arising from the poisonous gases that either accumulate in these repositories or are attached to the soil.

* As a load of human manure will produce three loads of potatoes of 240 lbs. each, so the above amount of this fertiliser will return to Manchester in the succeeding seasons 131,040 loads of potatoes.

The principal of these gases are ammonia and sulphuretted hydrogen, the last of which is the most deleterious of all the gases. According to Thenard and Dupuytren, air containing only 1-1500th of this gas kills birds in a short time, and air containing 1-800th part will soon kill a dog. Workmen ought to be aware that sulphuretted hydrogen may be quickly fatal where lights burn with perfect brilliancy, and in places where it is apt to accumulate, the air may be wholesome only a few minutes before, as well as a few minutes after, a fatal accident. Its specific gravity is to air, as 1.1815; its best test is a bit of filtering paper moistened with a solution of lead. Its smell alone should not be relied on, as putrescent animal matter exhales an odour similar to it. A very extraordinary accident happened in August, 1831, at a boarding school, near Clapham, where twenty-two boys were seized with violent sickness, of whom two died, and the whole of the fatal and morbid phenomena were attributed to a foul cess-pool that had been opened, and the materials diffused over a garden adjoining to the children's play ground.

Several plans have been proposed to absorb these noxious gases attached to privies and night-soils, and so condense them among solid and fluid materials, principally with the object of destroying much offensiveness, as well as to preserve these volatile ingredients as a nutritive manure for the land. Few of these plans have as yet been put into execution. The one that has been found most efficacious in Paris, is by mixing the night-soil with calcined mud, burned turf, saw-dust, or refuse tan, and various other similar substances. A commission of health in that city found that a large barrel of fecal matter was deprived of all smell in five minutes by this process, and even putrefied entrails, the severest test by which it could be tried, yielded equally to its disinfecting influence. As the principle in this process depends on the rapid absorption by dry and porous earths and carbonized matters of gaseous exhalations, it is very probable that powdered charcoal, if it were not for its expensiveness would answer better. At any rate, if our farmers and market gardeners were to bring in their carts a little charred peat in a rough powder, or a quantity of the fresh calcined shale that is frequently burned round the mouths of our surrounding coal-pits, and mix either of them with the night-soil, much of the offensive odour and waste of valuable manure would be prevented, instead of which they use nothing but dry straw, which has no effect of this preventive kind. The chlorides of lime or soda, or chlorine water would also act as a disinfectant by decomposing the gases and fixing them.

It is an old practice with some stable-keepers to sprinkle a little common salt about the floors of the stalls, with the object of keeping down that pungent odour which prevails so much in imperfectly ventilated stables. This effect is produced by

the affinity which the chloride has for ammonia, which is produced so plentifully from the urine of horses. Chlorine water would be more effectual, and even sulphuric acid water or the muriatic acid would act very well and be economical.

To obviate some of the labour, and remove offensive accumulations from privies, they have been constructed with a drainer at the bottom, or by a tube pierced with holes and rising up through them, and in communication with the common sewers; by these means the fluid parts are carried away directly, and the more solid portions are left and can be emptied more easily and at longer intervals. In such towns as Manchester, closely surrounded by cultivated land, requiring a constant supply of manure, there is not much difficulty in having the contents of all excremental repositories regularly exported out of the precincts, without any expense or but little to the public or to individuals; but in London and Paris they have great difficulty in getting quit of such materials, the supply being much greater than the demand within the limits in which cartage by the farmers is economical or profitable. The great bulk of these matters therefore is carried into the Thames and the Seine; and notwithstanding the enormous quantities of these fecal matters that are carried in a fluid or suspended state into the latter river, Halle and Fourcroy demonstrated that the quantity of foul and dirty matter sent into the river would be so small compared to the water in it, that it would always remain unperceived, and could in no ways be injurious to health. It is also very curious and satisfactory that, notwithstanding the immense quantities of similar refuse poured into the Thames, there is no water that is eventually found purer and sweeter, when it is taken to sea in casks for the supply of ships' crews. It first undergoes a species of fermentation from the quantity of animal matter it contains, but when this natural process is finished and the lees are precipitated, it becomes limpid, soft, and almost free from any taste. It disengages, however, much foetid gas during fermentation if the cask is opened.

Great attention ought to be paid to the construction of water closets and privies in hospitals, prisons, and lunatic asylums. The best arrangement of this nature which I have seen, and especially where cells, either for lunatics or prisoners, on the separate system, are adopted, is the having a conduit soil-pipe placed nearly horizontally under and along each range of cells or ward rooms, on each story, communicating at one end by a water cistern to keep the soil-pipe always full, and to allow the water also to ascend up a little into an upright soil-pipe of about four inches diameter, placed at the bottom of the seat or commode vessel, while the other end of the horizontal conduit communicates with a cesspool or sewer, but having a sluice valve, which is to be opened daily. By this apparatus all fecal matters and urine are washed away

daily, and the pipes again filled with fresh water. Nothing can be more effectual and cleanly than this, it requires no transportation nor cleansing out; and even every lunatic may be taught to use the convenience without any danger to himself or injury to his cell, while the smallness of the upright pipe will frustrate any attempt of a prisoner to escape by this outlet.

The proper construction of drains and sewers belongs chiefly to the province of the civil engineer, though it is also worthy of the attention of the medical man, even in the most detached dwellings and inhabited localities. However noxious and offensive may be the emanations escaping from the best-constructed drains, they would be much more so, even to positive unhealthiness, if their fluid contents were allowed to spread and evaporate on the surface, either of streets, lanes, or courts. There is nothing so obviously necessary as keeping the surface as dry as possible, and to prevent any gaseous exhalations escaping upwards from the sewers, which is often perceived after a period of dry weather. The drains should always be furnished with a trap box, made either of flag-stone or of cast-iron, which will allow of all fluid matters running through, but prevent any gaseous ones re-issuing from under the drains or sewers.

To preserve house water-closets and cess-pools free from any offensive odour, and to promote the wholesomeness of the dwelling, a portion of chloride of lime may from time to time be thrown into them; it is not very expensive, and is very effectual in decomposing the sulphuretted hydrogen and fixing the ammonia, as muriate of ammonia.

The paving of streets and covering of broadways belong entirely to the civil engineer, but to avoid detritus and the manufacture of dust and mud, the best material for pavement, as well as for macadamizing, is the blocks and fragments of some igneous rocks, of which green-stone, trachyte, or hornblende, is the more eligible. Clay iron-stone, or iron flag, is an excellent material for macadamizing. Sand-stone is too soft for either purpose; lime-stone also soon pulverizes into a white dust or paste; and granite, though very hard, is too brittle, and easily decomposed, but it sometimes makes a better pavement. Wood seems to be now much employed, but whether during its decay in our streets any miasmatic gases will be evolved, time and observation will show.

A great deal has lately been publicly reported on the absence and imperfect drainage and sewerage of many parts of our large towns, and even hamlets, as being exclusively generative of unwholesomeness and disease. So much has been generally advanced on this subject, that one may be led to infer a focus of malaria and fever in every pool of dirty water, and every little heap of rubbish that are observed before a cottage door, or in any of the bye streets of our larger towns. I am led to think there has been a good deal of hypothetical assump-

tion on this subject. As I have formerly remarked, we require some more precise evidence than is yet offered to us to constitute these pieces of neglect and bad economy as the sole or principal causes of insalubrity and disease. If we take a circumspective view of all the circumstances of such places and their inhabitants, we shall find that destitution and dissoluteness have also much to do with the problem. For who are the inhabitants of such places? they are not operatives on good wages, nor the moral nor cleanly part of our lower population. No, from the low rents, these houses are tenanted by either paupers or those verging on this helpless condition, or by people whose intemperance or crimes have thrown them into the lowest scale of society. The neglect, wet, and filth outside the door are but a picture of what is within; squalor, poverty and uncleanness are found, sufficient of themselves to generate disease, without attributing the principal, and, with some, the sole cause of it to the supposed malaria that reigns out of doors. Epidemic fever and diseases prevail as intensely and as frequently in the loftiest stories of the houses in Edinburgh, as in the ground flats, which may be supposed to be more, or chiefly exposed to terrestrial miasmata. This more diffused view of the causes of insalubrity and disease in these localities does not, however, exonerate public bodies and owners of the properties from properly sewerage the streets, and providing receptacles for filth and refuse; though, with the habits and destitute condition of the inhabitants, they may not be able to eradicate the germs of sporadic or infectious diseases from these localities.

A due circumspection of all the concomitant causes tending to produce unhealthiness in any of these situations, ought to be adverted to and considered before we pronounce an opinion which may lead us and others away from the truth; for we may find that in correcting the neglect or abuse to which we attributed the evil, the health of the place is not improved, and so we may be obliged to shift our ground of accusation, which would not be creditable to medical philosophy. Some have had a wonderful scent in finding out, even around cottages in the country, little foci of supposed disease. In all these cases the greatest circumspection should be used, before medical men commit themselves to any professed report; for notwithstanding the suspicious appearances of some immediate and proximate conditions of the locality, it may be found that the true cause of insalubrity or disease may be derived from more distant sources, as malaria is known to be carried a considerable way from where it is produced. The causes may even be altogether of a moral nature.

To obviate all doubtful or suspected causes of insalubrity, it should be a municipal regulation, that every street should be laid out in straight lines, and as much in the direction of the prevailing winds as possible; they should

be early paved with proper materials, having drains with trap-valves as before mentioned, and with the main sewers large and having every possible fall. The chief object in towns is the construction and regulation of the privies and refuse pits. They are the ordinary sources of much discomfort and unhealthiness, from the neglected and shamefully imperfect manner in which these things are provided for in bye streets and courts in all our large towns. These receptacles are often placed in close proximity to the back windows of the dwelling-house, or opposite the front entrance of inferior cottages, and often there is only one such place to serve for a full row of houses. It must, however, be remarked, that in many newly-constructed cottages and streets for the working classes both in this town and other places, there has been much improvement in these particulars; and we may suppose, from the diminished prevalence of fevers and other epidemics of a miasmatic nature in our large towns, that increased health and longevity will be still more promoted.

Little attention has, as yet, been paid in this country to the medical police of repositories for the dead. Burials in churchyards, in the midst of a crowded population, and even within churches, is still suffered to disgrace many of our cities and towns. The French have set a good example in their *Pere la Chaise*, and the Turks have long been noted for the decent propriety and judicious position of their cemeteries, which are always beyond their towns. The same is the practice among the Chinese and also of many nations whom we call barbarous. It appears strange, that among Christians, the most civilized part of the human race, this revolting and unwholesome practice should almost exclusively have prevailed. Whether this is owing to their greater and more confirmed belief of the resurrection of the body, or that it was formerly promoted by the craft of the priesthood for saying masses over the dead under their feet, I know not.

A better system, however, is commencing among us, and we need only advert to the new cemeteries at Glasgow, Liverpool, and in this place, as showing the growing feelings and convictions of the public on this subject. The late enquiry and report of a Committee of Parliament on interments in large towns have also awakened the public mind to a better economy, and a more enlightened hygiene on this matter. It is difficult in every case to determine the exact amount, if any, of the injurious effects on health that result from living near or in the immediate vicinity of burial grounds, so much exaggeration is often made use of; but where there are any exhalations ascertained to arise from such places, we may infer upon sound theory, that they must have a positively noxious effect. There are two many well-attested facts in history to prove the rapidly fatal nature of exhalations arising from decaying corpses, without

mentioning the number of victims which fell a sacrifice to opening the *Tombs des Innocents* at Paris, in 1789. To prevent much of the dangers that may probably arise from burying grounds, they should be placed outside of towns, and at a distance from springs and rivers that are subject to overflow. They should have an extent of ground, at least, in this country, ten times the space that would serve for one year's interments, since it will take this period of ten years for a body to be consumed at about five feet depth. The graves should have a depth of about four to five feet. This is the Bishop of London's opinion. Dr. Copland says six to seven feet; in France they are from five feet to six and a half, all according to age. If they are deeper, the decomposition is retarded from the total exclusion of the air and heat; and if at a less depth, they would allow the exhalations from the corpses to permeate the earth easily, and thus infect the atmosphere. Cemeteries should also be placed in elevated situations, gently inclined and to the north of towns; they should be removed from the contiguity of all dwelling houses; trees and shrubs should be planted in clumps, rather than in rows, over their areas, and sufficiently dispersed that they may not prevent a due circulation of air, and receive at the same time the open sunshine for the elaboration of oxygen. The walls round a cemetery should not be above six feet high, in order that the air may have a free sweep over its surface, and so prevent any accumulation of fœtid gases.

While we are upon putrid exhalations from animal decomposition, as subjects of medical police, we may also notice shortly the emanations which vitiate the air from butchers' shambles and from dissection-rooms. It appears that the exhalations from fresh blood and recently-killed meat, contribute greatly to give butchers that florid complexion and high colour to all their tissues which they generally possess. These exhalations have nothing insalubrious, as long as they arise not from decomposition of the tissues. It is otherwise when putrefaction has commenced; for butchers, when they have neglected to wash out their killing shambles, and allowed the blood and other animal debris to become putrid from a high atmospheric temperature, have been seized with inflammations of the viscera, accompanied with carbuncle, anthrax, and malignant pustule. Students of anatomy are exposed to analogous accidents; and very fatal miasmata have at times escaped on the dissection of bodies far advanced in putrefaction. These noxious emanations have for their base carburetted hydrogen, with which there are generally united, sulphuretted and phosphuretted hydrogen, combined with aqueous vapour, ammonia, carbonic acid, and some animal matters. Their deleterious effects may be greatly, if not wholly prevented, by washing the dissecting rooms out every day with plenty of water, by removing every useless cadaverous debris each evening, and by keeping the macerating vessels

in an open place. The disinfectants, as the chlorides of lime and soda, may also be repeatedly employed, besides having the bodies at first injected with some of our improved antiseptics, as the pyroligneous acid, solutions of creosote, or of arsenic itself.

It has also been proposed to have a wide inverted funnel made of wax cloth, distended by hoops, and suspended at a certain height over the dead subject. The upper end, being attached to a pipe in connection with a chimney-draught, in which is a fire, will carry off by suction all the cadaverous exhalations from the corpse and surrounding table. The only objection to this mode, is the draught that would be kept up, which would be very unpleasant if not baneful to the dissector. It is highly necessary to pay every attention to this subject, not only to encourage the practice of practical anatomy and the spread of science, but to divest the public of that natural horror they feel about such highly useful occupations.

The erection of hospitals is intimately connected with the subject of medical police. Each sort of hospital ought to be placed according to the nature and species of diseases or ailments that are intended to be treated. While those devoted to surgical cases and to sporadic, non-contagious diseases may be placed in the most airy situations in the centre of large towns, that they may be as convenient as possible, for all accidents and sudden seizures that may arise in the midst of a dense population, those intended to admit contagious diseases and idiopathic fevers should be situated in the open and rather elevated outskirts of the town. It is also of essential importance that hospitals for lunatics be placed in the country, and at some distance from the public roads, where the inmates may be exposed to as little adventitious excitement as possible. Every means should be taken not to allow any crowding in an hospital. A ward 78 feet long, 24 wide, and 14 in height, should not contain more than 18, or at most 20 patients. The wards should be provided with proper modes and apparatus for ventilation, so that they may be kept at any requisite temperature; and this is easily managed by Silvester's method, or by Dr. Reid's mode of a hot-air generator, and a suction shaft communicating with each ward. A very good and economical plan, is by causing the cool fresh air from without to pass through an iron pipe behind the fire-place before entering the ward, the heated air escaping by ventilators at the tops of the windows or at the ceilings.

The windows should be carried up near the ceilings, and be long and lofty rather than wide, so that the light may be thrown on the floors, and the heated air be allowed fully to escape from the lowering of the upper sashes. If the wards are lighted on one side, there should be galleries on the other, for exercise and exposure to the open air to convalescents. If they are lighted on both sides, or are

double wards, a gallery should be on the side opposite to the south or south-west. In tropical countries these galleries are erected to the north-east or east. There should be a water-closet and a bath provided for each set of wards on the same floor, and they should be kept sedulously clean, and the chlorides frequently thrown into the vessel of the former, when fever, contagious exanthemata, or dysentery prevail. The bedsteads should always be of iron, as less fit to harbour vermin, and clean dried straw or chaff is better than flock to fill the bed-ticks. Convalescent wards are very necessary pieces of arrangement, and principally tend to remove the renovating mind as well as body from the melancholy association of disease and death, and the keeping up the morale at this hopeful period is of great service for complete recovery. This piece of economy obviates many errors and tricks about diet and drink, that often take place between those who have no appetite and those who have often too much. In cleansing the floors, which in this country should be of wood, dry-rubbing with sand-stones in damp or winter weather is expedient, except where hot water can be used effectually and quickly dried up, which is the cleaner practice.

The state of our prisons is much improved since the days of Howard. The principal improvements are in our county prisons, in many of which much attention is paid to preserving the health of prisoners by clean rooms, commodious airing-grounds, and a humane regard to their diet, and the cleanliness of their persons. As a model of all these economical and other matters, the prison at Pentonville is set forth as nearly a *ne-plus-ultra*. As far as lodging and diet are concerned, there is no room for much improvement in most of our English jails, and this humane attention is rewarded by the disappearance of jail fever. Scurvy and affections of the mucous coat of the bowels do, however, make their epidemic appearance in some of our prisons, such as in the Penitentiary, at Millbank, in 1823, and at unfrequent times in some other of our prisons since that period. These diseases and morbid affections appear not to result so much from a low diet as from a monotonous one, affording not that variety, even in the simplest article of green vegetables and roots, which the poorest at large contrive to pick up. Another great concomitant cause of these bodily ailments, is the want of occupation and exercise in the open air, so essential to the health of all but those of old age to make the best of diet nutritious. Where the diet is unstimulating and uniform, it fails to excite the functions of digestion, when there is no exercise or exposure to the open air, but accompanied with these non-naturals, very spare diet will not only support life, but keep up muscular vigour, as in the Irish and Highlanders.

Much has been advanced lately by the followers of Liebig, respecting the comparative amount of

nutritive matter in different kinds of animal and vegetable food, and which has led to the belief that the article which contains the most of that supposed prototype of nutrition, called *proteine*,* would be solely of itself the most nourishing. Among the vegetable class, it is found that peas, lentils, and beans, contain a very great proportion of this *proteine*, and therefore might appear equal, if not superior, in nutritive qualities, to many articles even of an animal nature. But the practical dietetic question is not what contains the greatest amount of nutrition, chemically considered, but what is found by experience most fitted and salubrious for men in the several circumstances in which they are placed. From not considering all the non-naturals, scurvy has appeared in some prisons where the dietary has been fair, as in the Lincoln City-gaol and House of Correction, where boiled beef four times a week, twice fresh and twice salt, with bread and farinaceous vegetables were given, and on the other days, broth thickened with oatmeal was distributed. In other prisons, again, no scurvy has appeared under a diet of twenty-four ounces of bread daily, together with a pound of potatoes and four ounces of oatmeal, as in the Monmouth county gaol, by last public report.

To obviate any danger of diseases of debility arising from a low diet, and to deprive the magistracy of all discretion in this respect, Government has lately, with a kind and liberal hand, laid down a general table of diet for all prisoners, which is sufficient for the benevolent objects they have in view, however little it may operate in the wished-for object of repressing crime.

A chief and primary object in the erection of prisons and workhouses, is their site; no attention and judgment should be neglected to have them erected in the most salubrious situations possible, as a due and strict regard to this step will afterwards compensate for many errors or deficiencies in diet and discipline that may temporarily or unwittingly take place. The great object, and it is one of great difficulty to the authorities, is so to regulate the diet of workhouses and prisons, that it shall not be so ample and generous, as to be a sort of bounty on crime or idleness, or above what an honest labourer is able to procure out of doors from his daily wages, nor yet be so low and meagre, and innutritious, as to run the obvious risk of bringing on debility and asthenic diseases, for the law only condemns to confinement, not to starvation. We, as medical men, may occasionally be called upon to give our opinion on these matters, especially when any ailments are alleged to arise from a want of sufficient food. It behoves us, then, to take a very circumspect view of the whole circumstances, and not yield too hastily to our benevolence. The

site, atmosphere and water should be examined as well as the diet, and even the prevailing *morale* of the place. We ought to compare the affections or diseases complained of with the amount and nature of the diet, to see if there be any physiological connection, and in deciding on an amelioration of diet we ought also to consider how much more, or what change will have the nearest and most economical effect in accomplishing the object that is in view.

We shall, in next lecture, enter upon the subject of employments, as they severally affect the health of individuals and the duration of life.

ON THE TREATMENT OF DROPSY WITH CROTON OIL.

By GEORGE FIFE, M.D., Physician to the Sunderland and Bishop Wearmouth Infirmary.

[FOR THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.]

The great diversity of the forms in which dropsical effusions are met with, and the variety of causes on which they may depend, must abundantly demonstrate the irrationality of extolling any particular plan of treatment, as possessing universal efficiency or as being of similar applicability. My sole object in now addressing my professional brethren is to communicate to them results, which have in the cases hereinafter to be mentioned, most agreeably surprised myself and those who have had the opportunity of witnessing them. Should a further trial in the hands of others prove equally satisfactory, it will to me be a high source of satisfaction, more especially, as with a very few exceptions, I have never known the operation of paracentesis ultimately successful; but on the contrary, have looked upon the operation, however efficacious in relieving suffering it may sometimes prove, as neither more nor less than the death-warrant of the patient.

Few as the cases are in number on which the following remarks rest, their character being all dependent on, or complicated with organic disease of important organs, seems to add to the value of the remedy, as from such complication the cases were necessarily of the least favourable nature for the trial of any medicine. To this circumstance must be ascribed my anxiety to have the remedy fairly tested by those whose opportunities may be more extensive than my own. I will now, as concisely as possible give an outline of the cases in which this medicine has been employed by me, and the results by which its exhibition has been followed; and this shall be done in the plainest possible manner, from the conviction that the most certain of all means of improving our knowledge is the simple and unvarnished record of facts by men possessing the opportunity of observation.

The first case in which I used the croton oil was that of a young woman, twenty-five years of age, who had suffered from ascites of between five and six years standing, and for the relief of which, in consequence of the enormous distension, the operation of paracentesis

* Proteine is composed of carbon 48, hydrogen 36, nitrogen 6, oxygen 14, and contains neither sulphur nor phosphorus, which caseine, albumen and fibrine are always found to do, besides the basic element of proteine.

had been frequently and urgently proposed. She first applied to me in May, 1843, when she underwent the usual course of treatment, including elaterium, which was pushed to the utmost justifiable extent, without however in any degree permanently diminishing her size, of which it may be enough to state that her circumference at the umbilicus somewhat exceeded ten feet. After persevering in the use of this remedy with mercurials, and iodide of potassium, &c., until the middle of June, I, at the suggestion of Mr. Huntley, of Howdon, near North Shields, with whom I was at the time attending in consultation, resolved on giving the croton oil a fair trial. It is right to state, that previous to the employment of the croton oil, Mr. C. Embleton, whose patient she was, had, at my request, introduced an explorator, which was followed by the discharge of a clear straw-coloured fluid, coagulable by heat. The discharge, however, was of such very trifling extent that no importance can be attached to it, more especially as it was previous to recourse being had to the croton oil, and appeared to exert no influence over the disease. I mention this circumstance, then, not from any connection which it had with the treatment subsequently pursued, but in order to afford every possible information on the nature of the case.

Her general health was at this time evidently on the decline, in consequence of which the operation was seriously thought of, and a main reason of introducing the explorator was to ascertain the character of the fluid effused, as a gentleman, who had formerly seen the case, was very positive in affirming it to be one of sacculated ovarian dropsy; an opinion which I never for one moment entertained, even although he informed me of the existence of an ovarian tumour. My principal reason for dissenting from such view was, that the distension did not present the characteristics which in cases of encysted ovarian dropsy I have invariably met with—and more particularly may be mentioned the uniform and equal distension of the whole abdomen, and the facility with which the immense quantity of fluid was made to gravitate or pass from one part to the other, without any palpable difference. This, according to my experience of ovarian dropsy, except when a single cyst only exists, is never the case.

The croton oil was commenced with in doses of three minims every night at bed-time, and had been taken a very few days when the tumour sensibly subsided, and became soft, instead of being, as formerly, as tense as a drum. The remedy was steadily and uninterruptedly given for at least ten or eleven weeks, and the swelling very rapidly diminished; pressure being at the same time made by means of a very broad band, which was constantly kept applied, its tightness being increased as the enlargement required. One remarkable fact connected with the continued employment of so harsh and drastic a purgative is, that it never, even when operating most powerfully, gave rise to any unpleasant symptom, but on the contrary, the patient daily improved both in health and appearance. The only complaint she ever made was of languor occasionally, when its action had been more severe than it generally was. In short, at no time was there either hypercatharsis or any dysenteric symptom present. As the quantity of fluid lessened, a tumour in the right iliac region became very distinct—evidently ovarian and quite moveable—in size, equal to the mature foetal head. On the left

side there is also enlargement of the ovarium, though to a much smaller size.

The medicine has now been discontinued for many months, and no increase of fluid has ensued; the only medicine resorted to or required being gentle aperients, and this only to an extent infinitely less than requisite to many healthy persons. Her greatest circumference, in the same situation as above-mentioned, and at a lower point where the projection is now greater, is no more than three feet. The diminution of size is therefore not less than seven feet.

The next case was that of Bartholomew Queeny, aged 40, a patient at the dispensary. When admitted he laboured under ascites and anasarca, evidently depending on heart disease, which latter was found complicated with organic disease of the lungs, and which, had he lived, I have no doubt would have terminated in phthisis. In consequence of the dyspnoea being urgent, and the abdominal effusion manifestly on the increase, I resolved on giving him also the croton oil, which he took for some time with the greatest possible relief, and the most decided reduction of both the ascites and anasarca. In fact, for a time, the improvement was so great as to lead me to hope that a state of comparative health might be secured. His chest symptoms however became worse, and he sank exhausted, not however by the means employed, as they had for some time been discontinued, in consequence of the dropsical symptoms being so much ameliorated.

The third case in which the same treatment was employed, and with equal benefit, was that of George Lumley, aged 20, a gentleman's servant. When admitted into the infirmary he was suffering from ascites, very great oedema of the whole lower extremities, and great derangement of the function of the liver, which symptoms, taken in connection with the previous history of the case, led me to consider it as one of dropsy depending on organic disease of the liver and mesenteric glands. Being of a very delicate fibre, the croton oil was given with more care than in either of the previous cases, being omitted for a few nights occasionally. In about ten days after its first administration, the reduction on measurement was found to be seven inches, and a corresponding diminution in the size of the limbs had also occurred. The true nature of the case became more evident than ever, as the liver could be felt distinctly to be enlarged, and the abdominal swelling presented the hard irregular sensation met with in those cases, where we have not only the enlarged mesenteric glands, but where by that subacute inflammation, so common a complication, the whole abdominal contents become as it were one mass, being firmly agglutinated together. The sense of fluctuation quite disappeared, and the biliary secretion, through the use of mild mercurials, became much improved.

In consequence of his being comparatively well, he left the hospital, and went home to Northallerton to his friends, where he continued better for some time, but has since died. In this case also his general health sensibly improved, even when taking the croton oil. The particulars of the cause of death in this case have not reached me, but there can be very little doubt of its termination being by exhaustion and hectic, as

extensive mesenteric disease was but too unquestionably present, and further he had lost a brother under very similar circumstances.

Besides the cases above-detailed, others, of which I have not kept any record, might be mentioned. The above, however, from the complexity of their character, and the serious organic causes on which they depended, seem better adapted to demonstrate the utility of the medicine, as under such circumstances hardly any benefit was to be anticipated from any means that could be employed, and certainly not to the extent which was obtained. As to the termination of the two last cases, no other result was to be anticipated, nor can they be regarded as in any way militating against the efficacy of the remedy in question, seeing that in neither did the patient die of dropsy, but, on the contrary, that in both, all dropsical symptoms had been subdued, and so far the actual condition of the patients improved. In another case, at present under treatment, the improvement which has taken place is also very marked; although the progress of the case at present does not justify me in saying more than that the prognosis is certainly more favourable than, on first seeing the patient, could be anticipated.

From the limited experience which I have yet had of the medicine, I do not wish to impair the value of facts by blending with them theories, perhaps hypotheses might be a more applicable term, a practice by far too prevalent, and pregnant with evil to the advancement of real science.

In conclusion, it may be briefly remarked that the croton oil possesses one very decided advantage over elaterium, viz., that even when its extreme action is manifested, it is not followed by the depression inseparable from the effective action of the latter, but that where the greatest "vis inertiae" has prevailed, accompanied by absolute incapacity for exertion, a sensible amelioration in these respects has followed its continued employment. In proof of this, it may be mentioned that in the case at present under its influence, where the slightest exercise was productive of extreme fatigue and languor, the patient can now walk three, four, and five miles in the day without suffering serious inconvenience. For some future occasion I must reserve my opinion as to the causes of its superiority over other cathartics in the class of cases under consideration, as however strong my opinions may be, and however satisfactory to my own mind, facts are too limited in number to warrant me in laying them in their present crude state before the numerous readers of the Provincial Medical and Surgical Journal.

GEORGE FIFE, M.D.

Bishop Wearmouth, Sept. 12, 1844.

CASE OF POISONING WITH HYDRO-CYANIC ACID.

By JAMES GODFREY, Esq., Surgeon to the Bristol General Hospital.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The narrative of the accompanying case was deemed worthy of being placed on record by the members of the Bath and Bristol Branch of the Provincial

Medical and Surgical Association, to whom I communicated it. I accordingly have the honour to forward it to you, and remain,

Sir,

Your obedient servant,

JAMES GODFREY.

Bristol, September 11, 1844.

There is, perhaps, no point in toxicology of greater interest to the medical jurist, or of more general importance to the practitioner, than the question of the limitation of voluntary power after a fatal dose of hydrocyanic acid. It is remarkable to observe the discrepancy of opinions on this subject, and the paucity of facts connected with man, which it is ever in the power of the medical witness to adduce. An opportunity was afforded me of observing the dying moments of a person who swallowed a fatal dose, and of carefully noting several facts which occurred in the interval between the taking of the poison and death. I have thought it worth while to detail at length, first, the points presented to my notice up to the time of death; and secondly, the facts which came to my knowledge afterwards.

On the morning of December 15, 1843, I was summoned to the shop of a druggist, to a person "who" as the messenger said, "had poisoned himself there." Running thither with a stomach pump, I found Mr. P. supported in an easy chair, and was informed that it was supposed he had taken half an ounce of prussic acid before he came into the shop, he having purchased that quantity at the same shop two days before. He entered the shop and asked a question, and it was stated that he almost instantly fell, and was raised "gasping and heaving much." I found him in a quiet, easy posture, evidently dying; he was insensible, pale, cold, the jaw fallen, the tongue slightly protruding, and of a natural colour; the pulse perceptible; a faint forcible respiration repeated after an interval of five or six seconds; the eyes of almost natural appearance, dull rather than bright, not prominent; the pupils large; there was no convulsion nor apparent venous turgescence; there was a pale brown stain over his shirt front as if he had vomited; no perceptible smell of prussic acid about the mouth.

At the same time of making rapidly these observations, the collapse became more complete, and I felt the pulse dropping, and the surface becoming momentarily and markedly colder.

A degree of hesitation was in my mind as to prussic acid being the agent, but, reserving speculation, I felt that whether or no, nothing but powerfully and rapidly stimulating the system could be of service; we therefore, (for several surgeons had by this time arrived,) immediately introduced into the stomach, my finger being bitten while opening his mouth, a strong mixture of the compound tincture of ammonia and water, during which he became rapidly colder, and by the time the first fluid was injected, entirely pulseless. On withdrawing the fluid, immediately the smell of prussic acid was evident; we instantly injected a renewal of ammonia with brandy, and endeavoured, by alternating pressure upon the thorax and abdomen, to aid the respiratory powers. By this time I was struck by the increase of temperature of the surface, but there was no pulse, nor sigh, nor sound of heart. I thought that

in this point there might have been a source of fallacy, from my hand having been laid upon his forehead for some time before the period when I remarked the increase of temperature, but on feeling his hands they were likewise warmer. I hoped,—we persevered,—re-introducing ammoniated stimuli, injecting a strong terebinthinate enema, and endeavouring to excite by galvanism those portions of muscular system in immediate connection with the vital organs, without the slightest effect, and we then with reluctance gave up our efforts, nearly an hour having elapsed since our summons. I believe that death took place within four minutes after my arrival, probably within three, and perhaps within ten or twelve minutes from the period of swallowing the poison.

Mr. P., who was a tall, well-made man, of bilious temperament, about 44 years of age, had been in a distressed state of mind for some time; three days previously, he came to the druggist's shop for half an ounce of prussic acid, and having had a partial medical education, and been furnished with it before, as well as with other medicinals, the druggist had no hesitation in supplying him, removing half an ounce from the usual form of ounce phial stoppered, and giving him the remainder. On the same night he exerted himself most energetically at a fire, and on the day preceding his death transacted the business of his office as usual. On the fatal morning, one of his daughters accompanied him to his office, where they were seen standing together; he sent her away with a message, and taking off his great coat, proceeded to a room upstairs. After a short interval he was seen to walk rather quickly out of the house, in the direction of the druggist's shop. He must have swallowed the poison on thus proceeding upstairs, for the bottle was found in the fire-place on the following morning, the stopper on the table. It is presumed he took the acid before placing the bottle in the fire, as no glass nor similar utensil was found in the room; he then must have gone to the head of the stairs, a distance of ten average paces, descended the stairs, seventeen in number, and proceeded as described to the druggist's shop, forty-five paces, making a total of fifty-five paces and seventeen stairs. He entered the shop in his usual manner, which was slow and easy; the druggist (a personal friend of his) asked him how he did; he replied in his usual tone of voice "I want some more of that prussic acid;" the druggist passed round the side and end of his counter to speak to him, and then perceived that he was in the act of placing his hands upon him as if for support, his eyes being fixed upon him with a stare. The druggist said to him "You have been taking the prussic acid;" he could make no answer; the druggist backed him towards a chair, placed him in it, and ran to the door for help. Before he could return, Mr. P. had fallen to the ground, with his head lying against the counter; some ipecacuanha was given him while surgical aid was sought. The ipecacuanha he in part swallowed, as also some antimonial wine, at which he was described to have shuddered; the stain upon his shirt front was most probably produced by the rejected portion of the emetics given before my arrival.

This case presents many evident points of interest, but having trespassed at such length I will only add the remark, that it is not only possible, but somewhat probable, that a person desirous of concealing the

crime of suicide, and acquainted with the properties of this energetic agent, might hold the poison in his mouth for a period before swallowing it, and so be enabled to cork a bottle or dispose of the same; at all events an ingenious counsel might avail himself of the supposition, to the confusion of a medical witness, and to the benefit of his client arraigned at the bar on a charge of murder.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 25, 1844.

The new Medical Bill continues to engage the attention of the members of the medical profession, and its principles are undergoing consideration and discussion at meetings called for the purpose in different parts of the country. In addition to those we have before reported, several others have been held or are in contemplation. Among these the one which has recently taken place at Hereford, an abstract of the proceedings of which will be found in another column, is especially worthy of notice on account of the judicious plan adopted for gaining access to and thus influencing the members of the legislature in their future decision on the subject. Petitions to either House of Parliament, however they may make known the views of those from whom they emanate, have generally, we fear, but little weight with those to whom they are addressed. Indeed from the way in which they are disposed of—read hurriedly and often inaudibly, amidst the noise and confusion of the House, ordered to lie on the table, or thrown under the table, as the case may be, and treated only as so much useless verbiage which the forms of the House render it necessary to get through, we see not how it can be otherwise. The hearing however which it may be impracticable to obtain from Members of Parliament in their collective capacity, it is quite possible to procure from them individually, and the seventh and eighth resolutions of the Hereford meeting, appointing deputations to their county, city, and borough members, ought to be adopted into the proceedings of every similar meeting which shall hereafter take place.

We cannot close this brief notice without mentioning another feature of the Hereford meeting. Many of the gentlemen present, as

must be the case in all county meetings, came at some personal inconvenience from a distance. The Hereford practitioners seized the opportunity of evincing their hospitality towards their brethren of the county, and thus, while uniting for the purpose of endeavouring to protect the public from a threatened evil, they were at the same time cultivating those kindly feelings which it is ever desirable to see prevailing among the members of a liberal and enlightened profession.

A BILL FOR THE BETTER REGULATION OF MEDICAL PRACTICE THROUGHOUT THE UNITED KINGDOM.

(PREPARED AND BROUGHT IN BY SIR JAMES GRAHAM AND MR. MANNERS SUTTON.)

[Inserted in compliance with a Resolution of the Council of the Provincial Medical and Surgical Association.]

1. *Preamble.—Repeal of Statutes.*

Whereas it is for the good of all her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge; and whereas the laws now in force concerning the profession of physic and surgery require to be amended; be it enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons in this present Parliament assembled, and by the authority of the same, that an Act passed in the third year of the reign of King Henry the Eighth, intituled, "An Act for the appointing of Physicians and Surgeons;" and also another Act passed in the fifth year of the same reign, intituled, "An Act concerning surgeons to be discharged of quests and other things;" and also another Act passed in the Session of Parliament holden in the fourteenth and fifteenth years of the same reign, intituled, "The Privileges and Authority of Physicians in London;" and also two Acts passed in the thirty-second year of the same reign, respectively intituled, "For Physicians and their Privilege," and "For Barbers and Surgeons;" and also another Act passed in the Session of Parliament holden in the thirty-third and thirty-fourth years of the same reign, intituled, "A bill that persons being no common surgeons may minister medicines, notwithstanding the statutes;" and another Act passed in the first year of the reign of Queen Mary, intituled, "An Act touching the Corporation of Physicians in London;" and also an Act passed in the Session of Parliament holden in the sixth and seventh years of the reign of King William the Third, intituled, "An Act for exempting apothecaries from serving the offices of constable, scavenger, and other parish and ward offices, and from serving on juries;" and so much of every other Act as continues the last-recited Act; and also an Act passed in the tenth year of the reign of King George the First, intituled, "An Act for the better

viewing, searching, and examining of all drugs, medicines, waters, oils, compositions, used or to be used for medicines, in all places where the same shall be exposed for sale or kept for that purpose, within the city of London and suburbs thereof, or within seven miles circuit of the said city;" and so much of another Act passed in the eighteenth year of the reign of King George the Second, intituled, "An Act for making the Surgeons of London and the Barbers of London two separate and distinct Corporations," as does not relate to the separation of the said corporations, or to the Master, Governors, and Commonalty of the Mystery of Barbers of London; and also so much of an Act passed in the fifty-fifth year of the reign of King George the Third, intituled, "An Act for better regulating the practice of Apothecaries throughout England and Wales," as relates to the examination of Apothecaries, or to the qualifications of persons intending to be examined or to qualify themselves under that Act to practise as an Apothecary, or to the fees to be paid by Apothecaries for the certificate of the Court of Examiners, or to the penalties for practising as an Apothecary without having obtained such certificate; and also so much of an Act passed in the sixth year of the reign of King George the Fourth, as enacts, that all members and licentiates of the Royal College of Physicians in London actually practising; all surgeons being members of the Royal College of Surgeons in London, Edinburgh, or Dublin, and actually practising; all Apothecaries certified by the Court of Examiners of the Apothecaries' Company, and actually practising, shall be freed and exempt from being returned, and from serving upon any juries or inquests whatsoever, and shall not be inserted in the lists to be prepared by virtue of that Act; and also so much of any Act or Charter granted before the passing of this Act as prohibits any person from practising physic or surgery in any place without such license as is mentioned in such act or charter respectively, or as imposes any restriction on the practice of physic or surgery other than is contained in this Act, shall be repealed and annulled.

2. *Council of Health and Medical Education.*—And be it enacted, that a council shall be established, which shall be styled "The Council of Health and Medical Education;" and that one of her Majesty's principal Secretaries of State shall be a member of the said council in right of his office as Secretary of State; and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, the Regius Professor of Physic in the University of Dublin, the Regius Professor of Clinical Surgery in the University of Edinburgh, and the Regius Professor of Surgery in the University of Glasgow, shall be members of the said council in right of their several professorships; and that the other members of the said council shall be one physician and one surgeon, to be chosen by the Colleges of Physicians and Surgeons of England respectively; one physician and one surgeon to be chosen by the Colleges of Physicians and Surgeons of Scotland respectively; one physician and one surgeon to be chosen by the Colleges of Physicians and Surgeons of Ireland respectively; and six other persons whom her Majesty, with the advice of her Privy Council, shall deem fit to be members of the said council.

3. *Appointment of First Council.*—Provided always, and be it enacted, that it shall be lawful for her Majesty, with the advice of her Privy Council, to appoint all the members of the first council of health and medical education, other than those who will be members thereof in right of their several offices; and that at the end of the *third* and each of the *two* next following years after the first constitution of the said council, *one* physician and *one* surgeon of those first appointed on behalf of the said several Colleges of Physicians and Surgeons, shall go out of office, in such order as her Majesty, with the advice of her Privy Council, shall direct.

4. *Tenure of Office by Official Members and Nominees of the Crown.*—And be it enacted, that those members of the said council who are members in right of their several offices shall continue to be members thereof so long as they hold the same offices respectively, and no longer, and the *six* members of the said council, appointed as aforesaid by her Majesty, with the advice of her Privy Council, shall continue to be members of the said council, during her Majesty's pleasure, and upon every vacancy among the last-mentioned members of the said council, and their successors, it shall be lawful for her Majesty, with the advice of her Privy Council, to appoint another fit person to be a member of the said council during her Majesty's pleasure.

5. *Tenure of Office by Members chosen by the Colleges.*—And be it enacted, that upon every vacancy among the members of the said council appointed on behalf of the said several Colleges of Physicians or Surgeons, and their successors, the Royal College of Physicians or Surgeons of England, Scotland, or Ireland, as the case may be, shall appoint another physician or surgeon, as the case may be, to supply such vacancy, subject to the approval of her Majesty; and every member of the council so chosen shall be entitled to be a member of the said council for *three* years, and shall then go out of office, but may forthwith be re-chosen, subject to her Majesty's approval; provided always, that no president, vice-president, or examiner of any of the said colleges, shall be qualified to be so appointed.

6. *Details of Election to be settled by the several Colleges.*—And be it enacted, that the manner of choosing the last-mentioned members of the said council shall be determined in each case by orders or bye-laws to be made from time to time by the said several colleges, subject to the approval of the Council of Health and Medical Education.

7. *Substitutes in Cases of Extraordinary Vacancies.*—Provided always, and be it enacted, that it shall be lawful for any member of the said council appointed by her Majesty, or chosen by any of the said colleges, at any time to resign his office, or for her Majesty at any time, with the advice of her Privy Council, to dismiss any such member of the said council for notorious misbehaviour or unfitness; and upon any vacancy in the said council by death, resignation, or dismissal, another member of the council shall be appointed in the same manner and for the same term as the member by whom the vacancy shall have been made.

8. *Secretaries, Clerks, and Messengers.*—And be it enacted, that it shall be lawful for the said council,

with the approval of one of her Majesty's principal Secretaries of State, to appoint a principal secretary for the said council, and also local secretaries for Scotland and Ireland, and so many clerks and messengers, as the said Secretary of State shall deem necessary; and also with the like approval to remove at their pleasure any of the said secretaries, clerks, and messengers, and appoint others in their room.

9. *Salaries and Expenses.*—And be it enacted, that there shall be paid to the members of the said council, and to the said secretaries, clerks, and messengers, such salaries as shall be from time to time allowed by the Lord High Treasurer or Commissioners of her Majesty's Treasury, who may also allow such reasonable travelling expenses which may have been incurred by any member of the said council, or any secretary, clerk, or messenger in the performance of his duties under this Act, and such other reasonable expenses of putting this Act into execution, as the Lord High Treasurer or Commissioners of her Majesty's Treasury shall think fit.

10. *President.*—And be it enacted, that the said Secretary of State shall be president of the said council, and shall be empowered from time to time to nominate one of the members of the council appointed as aforesaid by her Majesty to be vice-president of the council, and to act as president in his absence, and at every meeting of the council, in the absence of the president and vice-president, some other member, to be chosen by the council from the members then present, shall be empowered to act as president.

11. *Time and Place of Meeting.*—And be it enacted, that the said council shall be holden in such places and at such times as the Secretary of State from time to time shall appoint; and that all acts of the council shall be decided by the votes of the majority of members present at any meeting, the whole number not being less than *seven*; and at all such meetings the president for the time being shall have a second or casting vote in all cases of equality of votes.

12. *Minutes of Proceedings.*—And be it enacted, that minutes of the proceedings at all meetings of the council shall be drawn up and fairly entered in books, to be kept for that purpose; and such minutes shall be at all reasonable times open to the inspection of any person or committee appointed for the purpose of inspecting them by any of the said universities or colleges.

13. *Register to be Kept and Published.*—And be it enacted, that a register shall be kept and published from time to time, under the direction of the said council, of all persons who shall have been examined, and shall have received, and shall exhibit before the said council, letters testimonial as hereinafter mentioned of their qualification to practice as a physician, or as a surgeon, or as a licentiate in medicine and surgery; for which registry the council shall be entitled to have from the person requiring to be registered a fee of *five pounds* in the case of a physician or surgeon, and a fee of *two pounds* in the case of a licentiate, which fees shall be applied towards defraying the expenses of this act; and every person whose name shall be so registered, who shall be desirous that his name shall be continued in the published register, shall in the month

of January, in every year, send to the said council his name and place of abode, with the date of his testimonials, and the council shall verify the returns so made to them by comparison with the register kept by them, and shall forthwith cause the names of all persons duly registered and so returned to them to be published in alphabetical order in their several classes, with their several places of abode, and dates of their testimonials.

14. *Licentiate in Medicine and Surgery.*—And be it enacted, that no person, except such graduates in medicine and such other legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a licentiate in medicine and surgery, unless he shall have attained the age of *twenty-one* years, and shall have been examined by the colleges hereinafter named (that is to say) if in England, examined by the Royal College of Physicians of England, assisted by the Court of Examiners of the Apothecaries' Company, and also examined by the Royal College of Surgeons of England; and if in Scotland, examined by the Royal Colleges of Physicians and Surgeons of Scotland; and if in Ireland, examined by the Royal Colleges of Physicians and Surgeons in Ireland; and in every case shall have received letters testimonial from each of the bodies by which he shall have been examined, of his being duly qualified to practice as such licentiate.

15. *Surgeons.*—And be it enacted, that no person, except such legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a surgeon unless he shall have attained the age of *twenty-five* years, and shall have been examined by one of the Royal Colleges of Surgeons of England, Scotland, or Ireland, or of the Royal College of Physicians and Surgeons of Glasgow, after such proof as shall be satisfactory to the Examining College that he has applied himself to surgical studies during at least *five* years; and shall have received letters testimonial from the examining college of his being duly qualified to practice as a surgeon.

16. *Physicians.*—And be it enacted, that no person, except such legal practitioners as are hereinafter mentioned, shall be entitled to be registered by the council as a physician unless he shall have attained the age of *twenty-six* years, and shall have graduated in medicine in some university of the United Kingdom of Great Britain and Ireland, or subject to the restriction hereinafter contained, in some foreign university, and shall also have been examined by one of the Royal Colleges of Physicians of England, Scotland, or Ireland, or by the Royal College of Physicians and Surgeons of Glasgow, after such proof as shall be satisfactory to the Examining College that he has applied himself to medical studies during at least *five* years, or if he is not a graduate in medicine of any such university, unless he shall have attained the age of *forty* years, and shall have been examined by the Royal College of Physicians of England; and in each case shall have received letters testimonial from the Examining College of his being duly qualified to practice as a physician; and no person shall be entitled to be received for examination for the purpose of being so registered as a physician upon a foreign degree in medicine, unless the Royal College of Physicians of England, Scotland, or Ireland,

shall give him a special certificate, to be laid before and approved by the Council of Health and Medical Education, that they have made inquiry into the manner in which such degree was conferred, and have ascertained that it has been granted after residence within the precincts of the same university during at least one year, and after due examination and upon satisfactory certificates of previous study.

17. *Physicians and Surgeons may be Registered on Double Testimonials.*—And be it enacted, that it shall be lawful for the same person, if possessed of the necessary testimonials, to be registered as both physician and surgeon, and for a registered physician, or a person applying to be registered as a physician, to offer himself for examination as a licentiate in surgery by one of the said Royal Colleges of Surgeons, and for a registered surgeon, or a person applying to be registered as a surgeon, to offer himself for examination as a licentiate in medicine by one of the said Royal Colleges of Physicians, assisted in England by the Court of Examiners of the Apothecaries' Company; and every such physician or surgeon shall be entitled to be also registered upon the testimonials granted to him upon such additional examination, in such form and manner as shall be determined by the said council.

18. *Physicians and Surgeons to belong to a Royal College of the country in which they practise.*—And be it enacted, that every person registered after examination as a physician or surgeon under this act, shall be admitted as an associate of the Royal College of Physicians, or as a fellow of the Royal College of Surgeons from which he shall have received his letters testimonial as physician or surgeon, or if he shall have received the said testimonials from the Royal College of Physicians and Surgeons of Glasgow, then as a fellow of the last-mentioned royal college; and every such physician and surgeon who shall afterwards remove from that part of the united kingdom in which he obtained his letters testimonial, shall be required, if he shall practise as a physician and surgeon in any other part of the said united kingdom, to enrol himself as an associate of the Royal College of Physicians, or as a fellow of the Royal College of Surgeons, of that part of the united kingdom to which he shall so remove, for the purpose of practising there according to the nature of his testimonials, and in each case shall be entitled to be so admitted without further examination, and on payment of the like fees of admission, and on complying with the same conditions as are required of other persons who have passed their examinations for the purpose of being admitted associates or fellows of the said colleges respectively.

19. *Qualifications and Fees.*—And be it enacted, that the said several colleges shall from time to time when required by the said council, prepare and lay before the said council a scheme or schemes of the course of study and particulars of the examination to be gone through by all persons applying to such colleges respectively for letters testimonial as physician, or surgeon, or licentiate, and of the fees to be taken for examination and admission into the said several colleges respectively; and the said council shall be empowered to make from time to time such changes in any of the schemes so laid before them as to the said

council shall seem expedient; and the said council shall endeavour to procure, as far as is practicable and convenient, that the qualifications and fees for the said testimonials shall be uniform, according to the nature thereof throughout the said united kingdom.

20. *Restriction on Medical Degrees.*—And be it enacted that after the passing of this act it shall not be lawful for any university of the said united kingdom to confer any degree in the faculty of medicine upon any person, unless he shall have been matriculated in the same university, and shall have duly attended the courses of public lectures prescribed by the same university to students in medicine within the precincts of the same university, or of some medical school recognised by and in connection with the same university, during at least two years next before the granting such degree, by the proper examiners of such university, and found them to possess competent skill and knowledge of medicine, and of the sciences connected therewith, and of the English and Latin languages at least; and every diploma or certificate of a medical degree granted by any such university after the passing of this act, shall set forth distinctly the time which has elapsed since the matriculation of the person to whom such degree shall be granted, and the time during which, and place at which he shall have actually studied, as aforesaid, and the fact that he has passed such examination as last aforesaid.

21. *Declaration concerning Bachelor's of Medicine at the age of Twenty-two.*—And be it declared and enacted, that it shall be lawful for any university of the said united kingdom to grant the degree of bachelor in the faculty of medicine, subject to the restrictions hereinbefore contained concerning medical degrees, to any student of the same university who shall have attained the age of twenty-two years; and that every such graduate in the faculty of medicine, being also examined and having received letters testimonial of his qualification in the manner hereinbefore prescribed in the case of licentiates in medicine and surgery, or examined and furnished with the like letters testimonials by the Royal College of Physicians and Surgeons of Glasgow, if the said degree shall have been granted by the university of Glasgow, shall be entitled to be registered by the said Council of Health and Medical Education as a licentiate in medicine and surgery, subject to such general regulations as shall be made by the said council concerning the registry of licentiates.

22. *Restriction on Bye-Laws.*—And be it enacted, that no bye-law to be made by any of the Royal Colleges of Physicians or Surgeons of England, Scotland, or Ireland, respectively, or by the Royal College of Physicians and Surgeons of Glasgow, shall be of any force until a copy thereof, sealed with the seal of the same college, shall have been laid before and approved by the said Council of Health and Medical Education.

23. *Registry of Students.*—And be it enacted, that it shall be lawful for the said council to make regulations for ensuring the registry of all medical and surgical students by the proper officers of the several hospitals or medical or surgical schools at which they shall study, and to authorize such officers to take a fee

for such registration, not being more in each case than ten shillings, and for requiring all such fees to be remitted to the secretary of the said council, and returns to be made to them of the registration of all such students, in such manner and form as the council shall think fit; and no hospital or medical or surgical school shall be recognised by any of the said colleges, which shall neglect or refuse to give due effect to such regulations, after notice of such neglect or refusal shall have been sent by the said council to the said colleges, until the default of such hospital or medical or surgical school be amended to the satisfaction of the said council, and all such fees shall be applied towards the expenses of this act.

24. *Constitution of the Examining Bodies.*—And be it enacted, that where by this act it is provided that the concurrence of more than one body is required for qualifying any person to be registered by the said council, the examination before such bodies for his degree or letters testimonial, or both, may be conducted either separately before examiners appointed by each body, or before a joint board of examiners, to be appointed by each body separately or conjointly, who shall be appointed in such number, manner, and form, and shall hold their examinations at such times and places as such bodies shall, with the approval of the said council, agree from time to time among themselves, or as shall be determined by the said council with respect to any point in which they shall not be agreed; and where there shall be separate examinations before examiners appointed by each body, the subject and fees of examination shall be divided among such bodies as they shall from time to time agree among themselves, or as the said council from time to time shall determine with respect to any subject on which they shall not be agreed.

25. *For securing Efficiency of Examination.*—And be it enacted, that the said council may from time to time require returns to be made in such form, and including such particulars, as they shall think fit, respecting the examinations to be conducted as aforesaid, and it shall be lawful for any secretary of the said council, deputed by the council for that purpose, or for any member of the said council, to be present at any of the said examinations; and if the council shall be of opinion that the regulations prescribed by them for the examination and grant of letters testimonial as physician, surgeon, or licentiate, have been infringed, evaded or neglected by any of the said examining bodies, it shall be lawful for the said council to refuse to register upon the testimonials of the body so in default, until the same be amended to the satisfaction of the said council.

26. *None but those registered to be appointed to Public Situations.*—And be it enacted, that, subject to the reservations hereinafter contained, no person, after the passing of this act, who is not registered by the said council, shall be appointed to any medical or surgical office in any public hospital, prison, infirmary, dispensary, workhouse, or other public institution in the said united kingdom, or to any medical or surgical office in her Majesty's army or navy, or in the service of the Honourable East India Company, except in India, natives of India duly qualified according to such laws or regulations as are or shall be made in that behalf by the governor-general in council; and wherever by

law it is provided that any act shall be done by a physician or surgeon, or medical or surgical practitioner, by whatever name or title he is called, such provision shall be construed, after the *passing of this act*, to mean a person qualified to be appointed to such medical or surgical offices as aforesaid; and the council of health shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions within the meaning of this act, and which form of testimonial shall be necessary to qualify the holder thereof for every such situation.

27. *Privileges of Persons Registered.*—And be it enacted, that all persons who are registered by the said council as physicians, surgeons, or licentiates, shall be exempt while practising as such from being summoned or serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred and township offices, but subject to the reservations hereinafter contained, no person shall be entitled to such exemption, on the ground of his practising medicine or surgery, who is not so registered, nor shall the certificate of any such unregistered person, given after the *passing of this act*, be received as the certificate of a medical or surgical practitioner in any court of law, or in any case in which by law the certificate of a medical or surgical practitioner is required.

28. *Persons now Practising may be Registered.*—Provided always, and be it enacted, that it shall be lawful for the said council, on the application, within *twelve calendar months* after the *passing of this act*, of any person legally practising as a physician, surgeon or apothecary, at the time of the *passing of this act*, in any part of the united kingdom of Great Britain and Ireland, or on the application within *two years* of any person so legally practising in any of her Majesty's colonies and foreign possessions to cause the name of such person to be registered as a physician, surgeon or licentiate in medicine and surgery, as the case may be, on production to the said council of his diploma, license, or certificate, or such other proof as shall be satisfactory to the said council, that at the time of the *passing of this act* he was legally entitled to practise as a physician, surgeon, or apothecary, as the case may be, in some part of the said united kingdom, and on payment of a fee of *two pounds* in the case of fellows or associates of the said Colleges of Physicians and Surgeons respectively, and of *five shillings* in every other case, which fees shall be applied toward the expenses of this act; and during the said period of *twelve calendar months* every person legally practising as a physician, surgeon, or apothecary at the time of the *passing of this act* in the said united kingdom, and during the said period of *two years*, every person so legally practising in any of her Majesty's colonies and foreign possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this act had not been passed, and no farther or otherwise, unless registered under this act.

29. *Penalty on Unqualified Persons for Practising in Public Offices.*—And be it enacted, that every person appointed after the *passing of this act* to any

medical or surgical office for which he is not qualified according to the provisions of this act and the regulations of the said council, and who shall act or practise in such office, shall for every such offence forfeit the sum of *twenty pounds*, to be recovered by action of debt or information to be brought in any of her Majesty's Courts of Record at Westminster, or in the Court of Exchequer in Scotland, or in Dublin, within *six calendar months* next after the commission of the offence, and to be recovered in the name of her Majesty's Attorney-General in England or Ireland, or of the Lord Advocate in Scotland.

30. *None but Registered Persons or those already Practising may Recover Charges.*—And be it enacted, that after the *passing of this act*, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance or operation, or for any medicine prescribed or administered, unless he shall prove upon the trial either that he is registered under this act, or that he was legally practising in the capacity in which he claims such charge before the passing of this act.

31. *Penalty for Falsely Pretending to be on the Register.*—And be it enacted, that every unregistered person who shall wilfully and falsely pretend to be, or take or use any name or title implying that he is registered under this act, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence, and being convicted thereof, shall be punished by fine or imprisonment, or both, as the court before which he shall be convicted shall award.

32. *Act may be Amended or Repealed.*—And be it enacted, that this act may be amended or repealed by any act to be passed in this session of parliament.

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

On Friday, the 6th instant, a meeting, having in view the establishment of a branch of the Association, to be entitled the *South-eastern Branch*, comprehending those medical practitioners residing in Kent, and in the eastern parts of Sussex and Surrey, who are already members of the Society, with such other gentlemen of the profession as they would wish to be associated with them, took place in the Town-hall, Tunbridge, when there were present—Thomas Hitchings, Seal; William Sibbald, M.D., Maidstone; George Taylor, M.D., Maidstone; Thomas Martin, Reigate; Alfred Hardwick, M.D., Kensington; James Mackness, M.D., Hastings; Edward Wallace, Carshalton; Peter Martin, Reigate; William Sedgwick, Maidstone; H. Imlach, M.D., Sittingbourne; Fred. Ticehurst, Hastings; Thomas Haire, M.D., Lewes; William James West, Tunbridge; William Henry Gardner, Hastings; James Connell Prance, Maidstone; Walter Duke, Hastings; William Sankey, Leeds, near Maidstone; George Soulby, M.D., Dover; F. W. Pittcock, Sellinge, near Ashford; David Skinner, Headcorn; Henry Holman, East Hothley; Henry Crawford, Canterbury; Richard Wedd, Maid-

stone; Samuel Shane Rix, Tunbridge Wells; Richard Turner, Tunbridge Wells; F. B. Hunt, M.D., Farningham; Richard Tippetts, Dartford; H. W. Joy, Staplehurst; Henry Pout, Yalding; Robert Perry, Marden; Charles M. Thompson, Westerham; John Steele, Reigate; H. M. Gould, Watlingbury; Charles Trustram, Tunbridge Wells; Robert J. Starling, Hadlow; Charles Walter Parker, Wrotham; Robert, Righton Gream, Tunbridge Wells; John Cozens Kent, Wrotham; Adam Martin, M.D., Rochester; Jonas King, Tunbridge Wells; Robert H. Powell, M.B., Tunbridge Wells; Peter Brown, Tunbridge; J. B. Maugham, Allanhead, Northumberland.

On the motion of Dr. Sibbald, of Maidstone, seconded by Dr. Taylor, of Maidstone, William James West, Esq., of Tunbridge, was unanimously requested to take the chair.

The Chairman expressed his sense of the honour conferred upon him, which being entirely unexpected on his part; he feared that he was ill-prepared adequately to discharge the duties which were incumbent upon him, at least satisfactorily to his own mind, in the presence of so many eminent men from different parts of the district; but relying on their kind indulgence, he would cheerfully obey the wish expressed to the best of his ability. Having then welcomed the gentlemen present, to Tunbridge, and congratulated them on the occasion which had brought them together, he called on Mr. Martin, of Reigate, who, after some prefatory observations, proceeded to read, first, the printed statement of the principal objects of the Association, issued to the members; and then the Rules prepared by the members of Council, within the proposed district, for the management of the Branch, as follows.

I.

Members of the medical profession, residing in Kent, and in the eastern parts of Sussex and Surrey, being members of the **PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION**, are hereby united to form a branch of the said Association, under the title of the South-Eastern Branch.

II.

The bye laws or rules for the guidance of the Branch shall be in accordance with the rules of the Parent Association, and be approved by the Council thereof.

III.

For the convenience of management, a President, two Vice-Presidents, a Secretary, who shall act as Treasurer, the Members of Council resident in the district, with twelve additional members, to act together as a Committee, shall be appointed annually, at the annual meetings of this Branch of the Association. These general meetings shall be held in each year, at one of the principal towns within the district, to be settled at the previous general annual meeting, on the last Wednesday in June of each year.

IV.

That at such annual meetings, the members shall assemble at one o'clock, to receive the report of the Committee, to elect officers for the ensuing year, and discuss subjects connected with medical science, or with the interests of the profession.

V.

That the relation of cases, the communications of medical facts and observations, will be acceptable; but

on account of the very great value of time at each meeting, no communication relating to the practice, or the science, or the polity of the profession, or the relation of cases shall exceed fifteen minutes. And any member intending to favour the Society in this way, shall send his written statement to the Secretary, or an intimation of his wish to read such statement, or to have it read at the meeting, at least ten days previously.

VI.

That the South-Eastern Branch will defray its own expenses, and will not receive, on that behalf, any assistance from the Parent Association. The subscription of each member of the Branch shall be paid to the Secretary, with two shillings and sixpence in addition, to defray incidental expenses, proper to the Branch, previously to or at the annual meeting.

VII.

Although annual meetings only are contemplated, yet special general meetings may be called, at any period of the year, for special purposes only, on request of ten members addressed to the Secretary, who shall in obedience thereto summon a meeting by a notice addressed to each member, at least ten days previously to the appointed day of meeting.

VIII.

New rules, orders, or regulations, may be adopted, provided that notice of the proposed alteration or new rule shall have been sent by the Secretary at least one month before the day of meeting on which such alteration or new rule is proposed to be discussed and decided; and notice of the same shall be sent to each member, as in the foregoing rule.

It was then proposed by Charles Trustram, Esq., of Tunbridge Wells, and seconded by Edward Wallace, Esq., of Carshalton, and resolved unanimously:—

That the present meeting, consisting of medical practitioners residing in the county of Kent, and in the eastern parts of Sussex and Surrey, is constituted a branch of the **PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION**, under the title of the South-Eastern Branch, and adopts the rules now read for its guidance.

Proposed by Dr. Sibbald, of Maidstone, and seconded by Dr. Taylor, likewise of Maidstone, and resolved unanimously:—

That William James West, Esq., of Tunbridge, be requested to accept the office of President for the ensuing year.

Proposed by Dr. Martin, of Rochester, and seconded by Dr. Hunt, of Farningham, and resolved unanimously:—

That Isaac Hargraves, Esq., of Tunbridge Wells, and John Pickance, Esq., of Penshurst, be requested to accept the office of Vice-President for the ensuing year.

Proposed by Charles M. Thompson, Esq., of Westerham, and seconded by Dr. Hardwick, of Kensington, and resolved unanimously:—

That Thomas Martin, Esq., of Reigate, be requested to accept the offices of Treasurer and Secretary.

Proposed by William Sedgwick, Esq., of Maidstone, and seconded by Dr. Imlach, of Sittingbourne, and resolved unanimously:—

That in addition to the foregoing officers, with the

Members of the Council residing within the district, twelve gentlemen, severally named, do constitute the committee of management for the ensuing year.

Proposed by Dr. Mackness, of Hastings, seconded by Henry Crawford, Esq., of Canterbury, and resolved unanimously :—

That the meeting of this Branch of the Association, in June, 1845, shall be held at Tunbridge.

Conformably to the foregoing resolutions, those gentlemen appointed to offices, who were present, accepted the same, with suitable terms of acknowledgment.

The meeting of the South-Eastern Branch having then adjourned, was resumed in the form of an assemblage of medical practitioners, residing in Kent and in the eastern parts of Sussex and Surrey, when it was moved, and seconded, and carried unanimously, that Dr. Sibbald, of Maidstone, be requested to take the chair.

The report of the proceedings at a meeting of the medical practitioners of the county of Surrey, held on Thursday, the 22nd ultimo, as inserted in "The Provincial Medical and Surgical Journal," of the date of Wednesday, the 4th instant, having been read and considered,

It was proposed by Dr. Imlach, of Sittingbourne, and seconded by Dr. Mackness, of Hastings, and resolved unanimously :—

That the statement of facts, and the reasonings thereupon, contained in the resolutions adopted by the practitioners of Surrey, being in every respect consonant with the views and satisfactory to the minds of all present, they agree to adopt the same and come to the same conclusion, namely :—

That the Bill, lately presented to the House of Commons by the Right Honourable the Secretary of State for the Home Department, "for the better Regulation of Medical Practice throughout the United Kingdom," is of so injurious a tendency towards the medical profession, as well as to the public welfare, that every legitimate means should be used to oppose its further progress through Parliament ;—

And that every member of the profession, here present, pledges himself to endeavour to impress the minds of members of both Houses of Parliament, with whom they may come into communication, with a correct knowledge of the erroneous and dangerous nature of this bill, and to solicit their opposition to it.

The Branch meeting having been resumed, and votes of thanks unanimously passed to Dr. Sibbald and Mr. West; the gentlemen present adjourned to dine at the Rose and Crown Hotel, under the presidency of Mr. West.

THE BENEVOLENT FUND.—LETTER I.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you forgive me for again occupying some portion of your columns with the trite subject of the Benevolent Fund,—a subject, however, on which there still appears to exist so much misconception, that it may be worth while to attempt to clear away some of those mists with which it has been invested, were it only for the purpose of removing the veil under

whose shadow, a very few persons seek to discover one other "cut of evading a charitable subscription."

Admitting, however, as a general fact, that we all have at least the same generous object of relieving the miseries of our suffering and unfortunate brethren; and that we are only waiting to be convinced of the practicability of the measure, and of the best mode of its accomplishment, in order to have our fullest energies enlisted in so good a cause, it shall be my endeavour to set this question at rest, and to show what is the best method of carrying into effect so charitable a design.

The great difference of opinion which exists at the present moment, seems to arise from the respective claims of the *general* or the *local* funds, and therefore we shall in the first instance examine their peculiar merits. Unhappily, in the present, as well as in many other cases, much confusion of idea has been created from employing the same term to designate things very different in their nature; and I would therefore propose an alteration in the names of these societies.

Our fund is appropriately designated a *Benevolent Fund*; and it is strictly so, because it extends its charitable aid to medical men, their widows, and orphans, wherever they may be situated, acquiring no other claim upon its sympathy and its funds, than the proof of their distress, and that that distress has arisen from misfortune, not from criminality. To every suffering brother it extends the hand of its charity, and expands the heart of its sympathy, unchilled by geographical circumvallation, untrammelled by the *requirements of membership*; *requirements* which some may not have the *prudence*, and very many others may not have had the *means*, of fulfilling.

The *absence* of subscription as a *sine quâ non* of relief, is a very important feature in the constitution of *our Benevolent Fund*; for if we admit, that the paucity and poverty of our subscriptions arise from want of *power to subscribe*, and not from *want of inclination*, we must infer, that this difficulty must be more largely operative in the *local funds*, which require generally a subscription of two guineas a year, as a *test of membership*, and which upon this principle must always keep the local funds within very contracted limits. If we take the very small sum of *five shillings* as the gauge of the real power to subscribe of so many of our brethren, we must at once admit their inability to pay eight times that annual sum, besides a fine on admission. If we admit that this reasoning is incorrect, we are driven back upon the alternative, that it is want of will, which occasions this miserable doling out of the contents of the purse for a purely charitable object, from which *no return* is expected—no *advantage*, present or prospective, can be realized.

Believing, however, that it is the want of ability, and not of inclination, which produces a result so scanty from a body so numerous, we have a right to infer that that body generally does not possess the means of subscribing a larger sum to a *local fund*; consequently, that the number of *members* to such local fund must always be *limited*—must consist of those who possess the present means of sparing a considerable sum annually; and that the great majority of those who are struggling for existence now, and who, by the pressure of sickness, or misfortune, or death, will become *indigent*, and therefore claimants upon the

Benevolent Fund, will have been prevented by their poverty from paying the *price of membership to the local funds*. They who are least acquainted with the state of the profession generally will be well aware that an immense majority of those who have families, and who have not private fortunes, do not possess the professional income requisite for their private expenditure; and that this is to them a cause of unabating anxiety, and for their children a fruitful source of that defective education, which is too frequently to be lamented.

If, indeed, the proposition of my benevolent and excellent friend, Mr. Martin, should be carried into effect this evil would in some measure be relieved; but my general reasoning will be uninfluenced by a remedy so partial, yet so desirable.

If therefore local funds could be established throughout the length and breadth of our land, admitting for the sake of argument, that they are so established, and in active operation, yet from their very constitution, they can embrace but a very small portion of the real suffering of our profession; and therefore a Benevolent Fund is not superseded by the establishment of the local funds; on the contrary, the necessity for its aid is only rendered more apparent.

We shall have much to say on the subject of local funds, and some final suggestions to make with regard to the applicability of our resources to the removal or diminution of the causes, which produce the mass of professional suffering; but we reserve this for a future letter.

I shall conclude my present communication, by an earnest appeal to the best feelings of my readers on behalf of the Benevolent Fund. That fund has now been struggling for twelve years, in the vain attempt *adequately* to relieve the sum of misery presented to its notice, with *inadequate* means. It has done much, but it has not done what it might have done—what it ought to have done, had it possessed the power. Only let the sums dispensed to each individual applicant during the last year be considered, and who will have the hardihood to say they are much more than a mockery of the woes they are intended to relieve? Who can have the hardihood to say they are befitting the boon which ought to arise from an Association of such magnitude?

But if so, who is there among us who has not yet subscribed to this fund, that can once more place his head upon his pillow without having previously resolved, that however poor he may be, he will seek “the blessing of him that is ready to perish,” by annually subscribing his five shillings for the relief of poverty greater than his own—of misery and misfortune from which at present he is happily exempted—and of family destitution to which God grant that his family may be long strangers?

Let not any one say he is unable to subscribe; a little more than a penny a week will constitute the minimum subscription, and if poverty were the *real obstacle*, who is there that could not drop his penny every Sunday morning into a little charity box for this purpose? It is not want of means which really constitutes the difficulty; there is no charity in giving of our superfluities; the essence of charity consists in *self-denial*, and who but would deny himself some trifling luxury in order to solace his afflicted brother?

To my brother subscribers, let me ask, do you do your utmost? Cannot your amount of subscription be *double* without any *serious privation*? Let us remember that we are only stewards of the goods of Providence—that we are called upon to cultivate those goods—and that a rich reward is promised to those who, upon just principles, feed the hungry, clothe the naked, minister to the sick, relieve the fatherless and the widow, succour the stranger, and pour the balm of consolation into the heart of the wounded. Let me then entreat you, for the sake of our suffering brethren, for your own sake, and for the sake of our common Christianity, according to your *real power*, to augment your subscription in aid of so Godlike an institution.

Faithfully yours,

W. NEWNHAM.

Farnham, September 10, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL. HEREFORD MEETING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have the honour to convey to you the unanimous thanks of a public meeting of the medical practitioners of the city and county of Hereford, for the very able manner in which you have advocated the cause of the medical profession. And, in accordance with resolution eleventh, I herewith forward to you the proceedings of the meeting, and request in its name the favour of their insertion in your columns at as early an opportunity as may be convenient.

I remain Sir,

Your obedient servant,

HENRY GRAVES BULL.

HON. SECRETARY.

Hereford, Sept. 17, 1844.

A public meeting of the Medical Profession of the city and county of Hereford was held at the General Infirmary, in that city, on Monday, the 16th instant, to take into consideration the provisions of the new Medical Bill, recently introduced by Sir James Graham into the House of Commons, to frame a petition against its objectionable points, and to take such other steps as might be deemed necessary to oppose them in the best and most efficient manner:—Dr. Bleek Lye in the chair.

Upwards of forty medical practitioners were present, and letters or communications were read or made from several other gentlemen, regretting their inability to attend on the present occasion, but fully concurring in the objects for which the meeting was called.

Among the gentlemen present were Drs. Lye, Gilliland, Glasspoole, and Morris, of Hereford; Dr. Davis, of Presteign; Dr. Strong, of Ross; Dr. Turnbull, of Byford; Messrs. Braithwaite, Lingon, Cam, Morris, Price, Archibald, Barnard, Bull, Leake, Waudby, and Tucker Price, of Hereford; Messrs. Marshall and Blakely, of Kingston; Messrs. Wood, Tanner, and Gwillim, of Ledbury; Mr. Watling, of Leominster; Messrs. Barnett, Jones, and Willmott, of Ross; Mr. Whitcombe, of Presteign; Mr. Millard,

of Whitchurch; Mr. Lane, of Grosmont; Mr. Giles, of Byford; Mr. Denham, of Canon Pyon; Mr. Woodcock, of Eardisley.

We regret that we are unable to insert a full account of the proceedings, the following are the more important resolutions adopted by the meeting.

Proposed by G. H. Marshall, Esq., Kington, seconded by Francis Braithwaite, Esq.: "That the members of the medical profession present at this meeting having had under their consideration 'a Bill for the better regulation of medical practice throughout the United Kingdom,' recently introduced to the House of Commons by Sir James Graham, cannot but regard its provisions with feelings of disappointment and alarm; for while they allow that the establishment of a Council of Health, and an improved system of organisation for the entire body of the profession are much to be desired, yet they consider that many of the provisions by which these objects are proposed to be effected are liable to great objection, and that the repeal of all the existing protective enactments, without the substitution of others in their place, more than counterbalances any beneficial effects which such an improved system might be calculated to produce."

Proposed by James Price, Esq., Hereford, seconded by M. A. Wood, Esq., Ledbury: "That this meeting deprecates in the strongest manner possible that principle of the Bill, which, by removing the stigma of illegality from empiricism, throws open the practice of medicine to every unqualified person, as a measure disastrous to the public welfare, and ruinous to the best interests of the profession; inasmuch as it is the existence of the present penal enactments alone, which, by imposing a restraint on irregular practice, enables the public to discriminate more readily between the properly educated man and the empiric, and thus prevents the lower classes in particular from being the dupes of a false and dangerous confidence in those who are utterly unworthy of it."

Proposed by T. F. Watling, Esq., Leominster, seconded by Charles Lingen, Esq., Hereford: "That this meeting recognises with satisfaction the benefit which has accrued to the great body of the profession, and through it of necessity to the public at large, from the improved course of study, and the increased amount of qualification required by the Apothecaries' Company in the candidates for their license; and, therefore most entirely disapproves of the repeal of the Act of 1815, unless some other measures are enacted, not only to ensure a still further improvement in the system of Medical Education, but also a more efficient protection for the interests of those, who at a great expenditure of time and money have already qualified themselves for the due performance of the responsible and arduous duties which devolve on the practitioner of medicine."

Proposed by Henry Graves Bull, Esq., Hereford, seconded by Dr. Glasspoole, Hereford: "That the meeting fully admitting the want of a general Council of Health, as well as of a more perfect organisation of the medical profession, and equally sensible of the beneficial result likely to follow their introduction, cannot but view with anxiety the manner in which these objects are proposed to be carried out in the present Bill; and more especially the absolute power which it vests in the Government, by giving to it the appoint-

ment of more than two-thirds of the first Council, and the absence of any guarantee that the interests of that great body of the profession, the general practitioners, shall be in any way represented therein."

Proposed by Dr. Strong, Ross, seconded by Dr. Glasspoole, Hereford, and carried unanimously: "That the following Petition when signed by the members of the medical profession of the city of Hereford; of the towns of Bromyard, Kington, Ledbury, Leominster, Ross, and Weobly, in the county of Hereford; and of the adjoining districts in the same county, be forwarded to the Members for the city and county for presentation to the House of Commons. And in the event of the Bill reaching the House of Lords, that a similar Petition be placed in the hands of the Lord Lieutenant of the County, for presentation to that House."—(A petition embodying the preceding resolutions was then read to the meeting, and afterwards signed by the gentlemen present.)

Proposed by Dr. Edward Morris, Hereford, seconded by John Tanner, Esq., Ledbury, and carried unanimously: "That the following gentlemen—Dr. Gilliland and Francis Braithwaite, Esq., with the Chairman, (Dr. Bleeke Lye,) and Honorary Secretary, (Henry Graves Bull, Esq.,) be appointed a deputation to wait on Messrs. Clive and Pulsford, the Members of Parliament for the City, and on Messrs. Hoskins, Bailey, and Baskerville, the Members for the County of Hereford, in behalf of the Medical Practitioners of the City and County of Hereford, for the purpose of drawing their attention more particularly to the injurious tendency of the Bill; to place the petition in their hands, and to request them to use their best exertions for its success."

Proposed by Wm. Denham, Esq., Pion, seconded by Thos. Cam, Esq., Hereford, and carried unanimously: "That T. F. Watling, and Thomas Burlton, Esqrs., of Leominster, be appointed to wait on Messrs. Arkwright and Greenaway, the Members for that borough, from the same body, and for the same purposes as specified in the last resolution."

Proposed by Samuel Millard, Esq., Whitchurch, seconded by Charles Lingen, Esq., Hereford, and carried unanimously: "That this meeting do resolve itself into an Association of the Medical Practitioners of the City and County of Hereford, to be called 'The Herefordshire Medical Association,' for the purpose of watching over and protecting the interests of the Profession, until they cease to be threatened in any such manner as they are in the present Bill; with the same constitution as at present."

MEDICAL AND SURGICAL ASSOCIATION, BIRMINGHAM.

The first meeting of the Council of the Medical and Surgical Association at Birmingham was held on Tuesday, September 17th, in the hall at Queen's College:—Dr. Male, President of the Association, in the chair.

Amongst the members present were—Dr. James Johnstone, senior physician of the General Hospital; Dr. Birt Davies, senior physician of the Queen's Hospital; Dr. Bell Fletcher, senior physician of the Dispensary; Dr. Eccles, physician of the General Hospital; Dr. Percy, physician of the Queen's

Hospital; Dr. Wright, physician of the Dispensary; William Sands Cox, Esq., senior surgeon of the Queen's Hospital; Edward T. Cox, Esq., senior surgeon of the Town Infirmary; Mr. J. Elkington, senior surgeon of the Dispensary; Mr. Francis Elkington, surgeon of the Lying-in Hospital; Mr. S. A. Amphlett, surgeon of the General Hospital; Mr. G. B. Knowles and Mr. L. Parker, surgeons of the Queen's Hospital; Mr. Holbeche and Mr. Harmar, surgeons of the General Dispensary; Mr. Green and Mr. Berry, surgeons of the Town Infirmary; Mr. Pye H. Chavasse; Mr. J. Davies, senior, Coleshill; Mr. Freer Proud, Wolverhampton; Mr. J. P. Oates, Sutton; Mr. J. Barker, Coleshill; Mr. C. Hoskins, Bilston; Mr. W. S. Underhill, Tipton; Mr. J. Davies, Great Bridge.

The esteemed president opened at length the proceedings of the meeting by a clear exposition of the injurious effects which the proposed enactments of Sir James Graham's bill would have, not only on the profession, but more especially on the community at large.

The council then proceeded to take into consideration a code of rules and regulations submitted by the Honorary Secretary, William Sands Cox, Esq., having for their object the protection of the public, the promotion of fair and honourable practice in the profession, and for opposing and discountenancing all practices that may have a tendency to bring the profession into discredit or lessen its respectability; to arbitrate between its members, and to expel any member who shall be proved to be guilty of irregular and unprofessional conduct.

On the motion of Edward J. Cox, Esq., seconded by Mr. Pye H. Chavasse, the rules and regulations were unanimously carried.

On the motion of Dr. Wright, seconded by Mr. T. Green, Dr. Birt Davies was unanimously appointed the Treasurer.

On the motion of Mr. J. Davies, sen., Coleshill, seconded by Mr. G. B. Knowles, Dr. James Johnstone, senior physician of the General Hospital, Dr. Birt Davies, senior physician of the Queen's Hospital, Dr. Bell Fletcher, senior physician of the Dispensary, Dr. Wright, Mr. Thomas Chavasse, Mr. Thomas Green, and the Honorary Secretary, William Sands Cox, Esq., were appointed a sub-committee to report on Sir James Graham's Bill, with power to add to their numbers.

The meeting was then adjourned.

Upwards of one hundred leading members of the profession of the town and neighbourhood have already joined the Association.

KIDDERMINSTER MEETING.

A general meeting of the members of the medical profession of this town and neighbourhood took place in the Board Room of the Dispensary on Monday week, for the purpose of considering the objectionable clauses of the above measure.

Henry Homfray, Esq., of Broadwaters House, in the chair.

Mr. Cole, of Bewdley, in rising to move the first resolution, said that, in common with other members of the medical profession, he felt great interest in the proceeding of the Government, as expressed in the

bill of Sir James Graham. Whilst he approved of those parts of the bill which tended to equalize the general system of education in the various colleges and universities, he felt great concern at the proposed repeal of the Apothecaries' Act—an enactment which had conferred more important benefits upon the profession and public than any other legislative measure that had ever been passed. Dr. Kidd, Regius Professor of Medicine in the University of Oxford, an important authority in these matters, speaking on the subject, had said—"The character of the general practitioner, since the passing of the Act of 1815, had undergone a thorough change. Before that time it had often been his lot to meet in consultation men without any qualification at all, and, as a matter of course, he found that everything they had done had been to no purpose. Of late years, however, when called upon, he found little to do or suggest, but merely to approve what had been done before." (Cheers.) The opinion of such a man as Dr. Kidd was calculated to have a great effect, and it was for that reason that he mentioned it. He should only add the expression of his strong conviction that if the Apothecaries' Act were repealed, without the substitution of some other measure, offering still greater protection, irretrievable mischief, both to the public and the profession, would certainly ensue. (Cheers.) It was, therefore, with great pleasure that he moved the following resolution:—"That whilst, on the one hand, this meeting hails with satisfaction many parts of Sir James Graham's proposed measure of Medical Reform, it views with the deepest concern, on the other, his statement on introducing the subject of that measure to the House of Commons, 'That quackery could not be put down by legislation,' and is decidedly of opinion that any reform, such as the unconditional repeal of the Apothecaries' Act, would be ruinous to a vast mass of the profession, and fraught with great danger and injury to the public."

The motion was seconded by Dr. Roden and carried unanimously.

Moved by Mr. Bradley, and seconded by Mr. Jotham: "That as the daily experience of medical men shows that the great bulk of the public, (including not only the poor, but also, in numerous instances, the middle and higher classes,) either cannot or will not discriminate between the regularly educated practitioner and the pretender to the same knowledge, this meeting is of opinion that the medical man, who is required by law to undergo a protracted and expensive education, and to obtain by rigorous examinations letters testimonial of his fitness to practice his profession, should by the same law also be protected from any invasion of his hardly-earned rights by the illegal practitioner. This meeting is further of opinion that nothing short of summary punishment, by fine or otherwise, on conviction before the magistrates where such occurrences happens, will remedy this crying evil, both to her Majesty's subjects and the profession."

Mr. Thursfield said, before the resolution was put to the meeting, he would, with permission from the chair, offer a few observations upon it. During a residence of upwards of thirteen years in the town, in

the capacity of surgeon to the Poor-house and Union, he had often been called upon to attend persons suffering from the ill-treatment of unqualified practitioners; and in three instances he had had to attend investigations before the coroner, wherein death had been caused solely through the malpractices of unqualified persons. One of these was a midwifery case, in which death was found to have resulted from extensive laceration, caused by the improper use of instruments and the absorption of morbid matter, consequent on the sloughing. The man was not a medical practitioner, but he passed himself off as such, and this poor woman believed his assertions. Strange to say, the jury believed the reason this man assigned for the patient's death, which, it were needless to say was an incorrect one; and though he showed before them the grossest ignorance of even the terms he used, and stated that thinking the illness was from *gonorrhæa*, he had used mercury extensively, they found a verdict that the patient died from natural causes, and contented themselves with reprimanding the man and discharging him. Another case occurred in Bladwell Street, of even a worse character, with the same result. The same person attended another woman: and when he (Mr. Thursfield) was subsequently called in, he found that she had been in *labour four days*! Her case had been declared by this man to be one of great difficulty, and he had declined calling in a medical practitioner, saying it was useless to do so, as the woman must die! The fact was, however, that the case was not by any means a difficult one, for the woman was safely delivered in a quarter of an hour after his (Mr. T.'s) attendance. In another instance, an unqualified practitioner was called in to attend a poor girl suffering from dysentery and hæmorrhage from the bowels. He came, and by his statement found her fainting on the night chair; and what was his treatment? Why, he bled her, and the operation being scarcely finished, she died. The jury, however, suffered such conduct to pass without animadversion; the coroner observing that it was not for him to enquire into the qualifications of a medical practitioner; it was for the jury to say whether they were satisfied with the evidence they had heard, and their verdict must be in accordance with it. He could inform the meeting of other cases of infamous treatment by uneducated practitioners—one of which, however, would suffice. A patient for a simple attack of *tic douloureux* had been *bled four times*, and though receiving proper medical attendance afterwards, he was unable for months and months to return to his labour. After this, who, he would ask, was the sufferer? Was it the medical man? No—certainly not—but the the public. He considered it to be the duty of the profession to inform the public what danger they incurred from employing unqualified men.

This resolution having been carried, it was moved by Dr. Roden and seconded by Mr. Taylor, "That this meeting views with disapprobation the proposed constitution of the 'Council of Health and Medical Education,' as not being likely to possess the confidence of the profession; and that this meeting cannot refrain from expressing its surprise and regret that no

general practitioner is, by this bill, proposed to be appointed on the same."

It was afterwards resolved that a petition to the House of Commons embodying the resolutions of the meeting should be drawn up and a Committee was appointed to watch the progress of Sir James Graham's Bill.

WINCHESTER MEETING.

At a meeting of the Medical Practitioners in Winchester, held at the County Hospital, Sept. 17, 1844, present: Dr. Phillips, Dr. Crawford, Dr. Harris, W. N. Wickham, Esq., C. Mayo, Esq., W. J. Wickham, Esq., W. N. Nicholas, Esq., Arthur Paul, Esq.; Dr. Phillips in the chair:—

It was resolved that it is desirable that a general meeting of the Medical Practitioners of this county should be convened, with a view to discuss the provisions of a Bill, recently proposed to Parliament by Sir James Graham, intitled "A Bill for the better regulation of Medical Practice throughout the United Kingdom."

That the Medical Practitioners of Hampshire be invited to meet at the Town-hall, in this city, on Thursday, the 3d of October next, at twelve o'clock at noon, for the above purpose.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SUFFOLK BRANCH.

A Special General Meeting of the Members of the above Society, and of the profession generally, residing in the county, will be held at the New Assembly Room, Ipswich, on Friday, the 4th of October next, to take into consideration a bill lately introduced into the House of Commons, by Sir James Graham, Bart., entitled a "Bill for the better regulation of Medical Practice throughout the United Kingdom." The chair will be taken at two o'clock precisely.

C. R. BREE, Hon. Sec.

Stowmarket, September 12, 1844.

SHROPSHIRE AND NORTH WALES BRANCH.

A meeting of the members of this branch, to take into consideration Sir James Graham's Medical Bill, will be held on Tuesday, October 1, at 3 p.m., at the Lion Hotel, Shrewsbury.

THOMAS J. DRURY, M.D., } Secretaries.
JAMES BRATON, }

Shrewsbury, April 23, 1844.

TO CORRESPONDENTS.

Communications have been received from Mr. Dayman; Dr. Beddome; Medicus; Mr. Sands Cox; Dr. E. D. Walker; Mr. J. C. Davie; Dr. Bell Fletcher; Mr. G. Bulmer; Dr. McEgan; Mr. Crosse.

We are compelled to postpone notices of the Hastings, Leeds, Liverpool, Norwich, and other Meetings, until next week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING CROSS HOSPITAL. SUMMER SESSION, 1844.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE III.

Having in the preceding lectures described to you the various structures which enter into the formation of the joints, having pointed out to you their characters, peculiarities, and functions, I will now pass on to the consideration of those accidents occurring to joints, where, from the articular surfaces of the bones being forced out of their proper situation, they constitute that form or species of mischief called a dislocation. Dislocations have been variously denominated according to the degree of displacement, the violence done to the soft parts, and the condition of the bones. Hence they are called complete, incomplete, simple, compound, and complicated.

A complete dislocation is where the articulating process of one bone is entirely thrown out of its natural situation, so as no longer to be in contact with the articular surface with which it is naturally connected. The head of the humerus is thrown into the axilla, it is now no longer in contact with the glenoid cavity of the scapula, it is "completely dislocated." An incomplete dislocation is when the articular surfaces, although to a certain extent displaced, remain partially in contact. Thus the upper extremity of the tibia is sometimes thrown inwards, so that the internal condyle of the femur, rests upon the outer articulating facet on the head of the former bone. Here there is a mere partial displacement, an "incomplete dislocation," by some called a subluxation.

A simple dislocation is when there is merely a displacement of articular surfaces without any wound; but where there is, in addition to the displacement, a wound extending directly from the surface into the cavity of the joint, or, in other words, where, by means of the wound, there is a direct communication between the air and the joint; this constitutes "a compound dislocation."

A complicated dislocation is where the displacement of the articulating surfaces or processes is accompanied by a fracture of one or both of the bones. Thus, a man falls down and twists his ankle. He fractures his fibula and dislocates the tibia from the astragalus, he has received a "complicated dislocation." When this occurs, without any wound in the skin, it is a "simple complicated dislocation," but when, as frequently takes place, the internal malleolus is forced through the integument, the accident is very much more seri-

ous and dangerous to the patient, and is then a "compound complicated dislocation." There are, also, other distinctions depending on circumstances, as to the displacement being the consequence of disease, or whether it has occurred from a natural deformity of the parts, in which latter instance it is called "congenital dislocation." In some cases, again, it is termed a "consecutive dislocation," where the displaced bone is drawn into another situation than that into which it was thrown at the time of the accident. This sometimes occurs in the shoulder joint; the head of the humerus is thrown into the axilla, but, by the action of the muscles, or the ill-directed attempts at reduction, the position will be changed, and the head of the bone placed under the pectoralis muscle, this latter position being consecutive, and not dependent upon the original accident.

The dislocations to which I shall first allude, are those of the shoulder joint. These accidents frequently occur, and when the patient is very stout, or where some time has elapsed since the receipt of the mischief, before you are consulted, you will occasionally have considerable difficulty in determining its extent and nature, unless you have previously studied the subject with great attention.

The shoulder, considered as an articulation, is one of the weakest joints in the whole body. The principal object in its construction evidently being to confer the greatest possible latitude for motion, an object attained at the expense of strength and solidity. The skeleton of the joint is exceedingly well adapted to its functions, consisting of a spherical ball or head, which revolves upon nearly a flat surface, but the strength and solidity of the articulation depend entirely upon the muscles which immediately surround it, influencing its movements, and under ordinary circumstances rendering it sufficiently secure. As these, however, are voluntary muscles, subject to the caprices of the will, it is evident that in moments of forgetfulness, or under sudden violence, or where an individual is under the influence of intoxication, this security amounts to little or nothing, and hence we find the liability to dislocation is pretty well in ratio to the freedom of motion with which the joint is endowed.

Anatomy of the Joint.—The skeleton of the shoulder joint is formed by the head of the humerus and the glenoid cavity of the scapula. The scapular extremity of the humerus is the largest part of that bone, and directed a little upwards and backwards; we here observe three eminences, the largest of which articulates with the scapula. It is covered with cartilage of incrustation, thickest at the greatest convexity, becom-

ing gradually thinner towards the circumference. The head of the humerus represents a hemisphere, and is proportionably larger in infants than in adults. Its axis directed obliquely forwards, outwards, and downwards, forms a curve in uniting with the humerus, and appears longer internally and posteriorly. At the point of this union there is a circular depression or fissure, increasing in depth towards this last situation, and constituting the true "anatomical neck." In some individuals the head of the humerus remains for a long period in a state of epiphysis, and is therefore liable to be broken off; but this is an extremely rare accident.

We cannot view this process without being struck with the great irregularity in size between it and its receptacle on the scapula. In the preparations before you, taken from the same subject, the articulation on the head of the humerus measures two inches and a quarter in diameter, and two inches and three quarters from above downwards, whereas the glenoid cavity only measures about an inch across, and an inch and a half from above downwards, so that but comparatively a small surface of the former is in contact with the latter at any one time. This arrangement certainly endows the part with great latitude of motion, but it is evident that in most directions the bones themselves present no obstacles to dislocation. The other two eminences are called the "greater and lesser tuberosities;" they are situated anteriorly and externally to the head, the greater tuberosity placed more posteriorly, is rounded and marked by three surfaces, the upper and anterior of which gives insertion to the supra-spinatus, the middle to the infra-spinatus, and the inferior and posterior to the teres minor, muscles. The lesser tuberosity is much narrower, but rather more prominent; it gives insertion to the subscapularis muscle. Between these two tuberosities, and extending downwards and inwards, is the bicipital groove. Externally, or rather inferiorly to these three eminences, the bone becomes smaller, and receives the insertion of the capsular ligament of the joint. This part of the bone is called "its surgical neck."

The glenoid cavity of the scapula is situated on the apex of the triangle, or at the junction between the upper and inferior costa, it is pear-shaped, being narrower at its upper than at its lower portion, having its greater diameter from above downwards. It is somewhat concave, but so slightly so, that were it not for additional structures it would present an almost plane surface. It is united to the rest of the bone by a contracted part or neck, which gives attachment to the capsular ligament of the joint. The glenoid cavity is covered with articular cartilage, thinnest in the centre; its lip or surrounding ridge is also invested by a bundle of dense fibro-cartilage, which has received the name of glenoid ligament; the cavity, which is materially deepened by this ligament, is rendered still more so at its upper part, by the tendon of the long head of the biceps, which not only takes an insertion at the apex of the cavity, but reaching there, splits into two portions, one of which passes down on either side, becoming attached to the glenoid ligament at about its upper two thirds. Some have imagined that the glenoid ligament is derived from the tendon of the biceps, but you will easily be able to distinguish the shining, smooth, glistening, straw-coloured tendon, from the whiter fibro-cartilage.

At the upper and anterior part of the glenoid cavity is the coracoid process. This arises from the superior costa of the scapula, as far back as the supra-scapular notch; from this point it arches forwards and outwards, terminating in a point, and it gives attachment to the pectoralis minor, the coraco-brachialis, and the short head of the biceps muscles; also to the deltoid trapezoid, conoid, accessory coraco-costal, and posterior coracoid ligaments; as also to a ligament which proceeds to the edge of the glenoid cavity. As it arches forwards, it presents a smooth pulley-like surface towards its root, for the passage of the congregated fibres of the subscapularis muscle to the lesser tubercle of the humerus. The coracoid process covers and protects the inner side of the joint; it supports the acromial end of the clavicle, and with the deltoid ligament and acromial process, forms the protecting vault or roof to the joint, situated about an inch above the glenoid cavity. Posteriorly and superiorly, arising from the spine of the scapula, is the acromion. This process, which is flattened in a contrary direction to that of the spine, is of great importance in our diagnosis of dislocations: its outer surface, directed upwards and backwards, is convex and uneven, and lies immediately below the skin, so that its whole extent may be traced by the finger; its inner or inferior surface looks downwards and forwards on the shoulder joint. Anteriorly on its upper margin it articulates with the clavicle, giving attachment posteriorly to the trapezius muscle; from its lower and outer edge arises a portion of the deltoid muscle, whilst its summit gives insertion to the coraco-acromial or deltoid ligament.

The bones of this joint are articulated by a capsular ligament invested on its inner surface by synovial membrane.

The synovial membrane invests superiorly the glenoid cavity, and inferiorly the head of the humerus; reflected from these points it invests the tendon of the subscapularis muscle, and lines the capsular ligament, separated however from it opposite the bicipital groove, by the long tendon of the biceps which runs between the two, being more or less covered by the synovial membrane, where it is reflected over it, after lining the bicipital groove. This arrangement enables the tendon of the biceps to move with great freedom, but you must recollect that it lies external not internal to the synovial membrane, which is here as elsewhere, a shut sac.

As I have shown in a preceding lecture, the scapular ligament of the shoulder joint is very loose and shaped like a barrel, being larger in the middle than at its extremities. Its superior margin arises from the neck of the scapula surrounding the glenoid cavity, excepting at its upper and anterior portion, where it is attached to the ligament which I have already pointed out as passing from the coracoid process to the glenoid cavity, and which ligament was first described by Sir A. Cooper. Its inferior margin is intimately blended with the periosteum surrounding the surgical neck of the humerus, excepting where the long head of the biceps enters the bicipital groove. The capsular ligament therefore contains within it the glenoid cavity of the scapula, the head and greater and lesser tubercles of the humerus, but it is perforated by the tendons of the muscles which pass to be inserted into the two latter eminences. It is not of uniform thickness throughout; it is considerably strengthened

by the tendons of the different muscles becoming as it were incorporated with it, whilst its thickness is also increased by the coraco-humeral or accessory ligament, which, arising from the outer edge of the coracoid process mixes with the fibres of the capsular ligament, and becomes attached with the tendon of the infra-spinatus muscle to the greater tubercle of the humerus. The capsular ligament is also very strong between the subscapularis and teres minor muscles.

The shoulder joint, as has been before observed, depends for its strength upon the muscles which surround it. These are powerful, some being inserted into the joint itself or rather the head of the humerus, whilst others, though acting upon the articulation and influencing its motions, are inserted at a considerable distance from it. Sir A. Cooper, in his work on dislocations, has arranged these muscles into two classes, viz., those of protection to the joint and those influencing the motions of the joint. In the former he places the supra-spinatus, infra-spinatus, teres minor, and subscapularis muscles; in the latter the deltoid, coracobrachialis and teres major.

The supra-spinatus muscle, arising from the scapula above the spinous process, fills up the fossa of that name. Firmly bound down by dense fascia, its fibres pass forward and outwards beneath the acromioclavicular arch, and covering the head of the humerus, perforates the capsular ligament, and is inserted with the upper surface of the greater tubercle. If you examine the dried bones you will observe that to arrive at its destination the muscle has to rise over a decided eminence formed by the roof of the acromial process. This affords an additional reason why fibres of the supra-spinatus muscle are lacerated in dislocation downwards, or into the axilla. The infra-spinatus muscle is attached to the fossa, which it fills, covered by the deltoid and also bound down by dense fascia. The fibres converge and terminate in a tendon, which, passing upwards and outwards beneath the acromion, approaches the supra-spinatus, and mingling with the fibres of the capsular ligament, is finally inserted into the middle space on the greater tubercle of the humerus. The teres minor ascends parallel to the infra-spinatus beneath the deltoid: it arises from the depression on the anterior costa of the scapula, and adhering firmly to the capsular ligament, is inserted into the inferior depression on the tubercle of the humerus. The subscapularis occupies the venter of the scapula, from which it arises in distinct bundles of fasciculi, separated and bound down by the intermuscular septa and aponeurosis. They converge towards the neck of the scapula, separated however from it by a large bursa beneath the coracoid process and its muscles, and terminate in a strong tendon which penetrates the capsular ligament and is inserted into the lesser tubercle of the humerus.

The four muscles which I have just enumerated are of the greatest importance. We have already seen that the head of the humerus is so large, the glenoid cavity so small and shallow, and the capsular ligament so loose, that some other aid was necessary to keep the bones in apposition, and this aid we find afforded by the muscles in question. In consequence of their attachment to the capsular ligament they draw that membrane out from between the bones in the various motions of the joint. Not only so, although they influence these

motions to a great degree, as I shall hereafter have occasion to point out to you, by being inserted so immediately into the head of the humerus, they keep that bone well up in the glenoid cavity, in this way antagonising the other muscles of the joint, which being inserted at a greater distance, have a greater tendency to produce dislocation. You frequently observe the importance of these muscles in paralysis. Here, being deprived of their nervous stimulus, they no longer retain the power of contraction, and consequently can no longer support or antagonize the weight of the arm, which drops, and the bone becomes either partially or completely luxated. Moreover, try the experiment in the dissecting room. Cut through the muscles which surround the capsule and you will find the same thing occur, thus clearly demonstrating that the strength of the joint, the approximation of the bones as well as their movements, depend entirely on the integrity of the muscles of the part. The other muscles of the joint are the deltoid, coraco-brachialis, long head of the biceps, and teres major.

The deltoid is a triangular muscle, having its apex directed downwards towards the arm. It takes its origin from three points, posteriorly from the lower edge of the spine of the scapula; its middle fibres from the anterior edge of the acromion process; and anteriorly from the outer third of the clavicle. From these points the fibres converge and are inserted into a rough surface on the outer side of the humerus, just above its centre. This is usually considered the insertion of the deltoid, but it does not terminate here, as it is prolonged downwards as far as the external condyle of the humerus, in the form of the external intermuscular septum. This muscle covers the coracoid process and the other muscles, in fact it is the capping muscle of the joint; its under surface is tendinous and separated from the capsular ligament and muscular insertions by a very large bursa, by which arrangement it is enabled to act without any inconvenience to the subjacent parts.

The coraco-brachialis, as its name implies, extends from the coracoid process to the os humeri. It arises from the former in connection with the short head of the biceps, and is inserted into the inner side of the latter just about the middle, from whence it gives off the internal intermuscular septum, which extends to the inner condyle.

The long head of the biceps acts much more directly on the joint than the last muscle. It arises from the upper extremity of the glenoid cavity; having given off the processes to deepen that cavity to which I have before alluded, it passes outwards over the head of the humerus, lying between the synovial membrane and capsular ligament as far as the space between the tubercles, where it enters the bicipital groove, in which it runs for two or three inches to meet its lesser head, and these unite to form the fleshy body of the biceps muscle, which, terminating in a strong tendon, dips down at the elbow to reach the back part of the tubercle of the radius, into which it is inserted after giving off the anterior fascia of the forearm, and the semilunated process of fascia, which, passing upwards and inwards, is attached to the internal condyle of the humerus. Mr. John Soden, jun., of Bath, in a paper in the 24th vol. of the *Medical Chirurgical Transactions*, has made some very ingenious remarks as

to the importance of this long tendon to the joint. He considers that the long head of the biceps is not designed to act merely as a ligament, but also to act as a capsular muscle, antagonising the action of the other capsular muscles, by preventing the head of the bone being drawn upwards and forwards.

The *teres major*, arising from the inferior angle of the scapula, ascends forwards and outwards to the inner lip of the bicipital groove, into which it is inserted behind the tendon of the *latissimus dorsi*. In its course it is separated from the *teres minor* by the long head of the triceps.

These are the muscles usually described as the muscles of the shoulder joint. I think this arrangement by no means complete, since it does not embrace the whole of those which act either directly or indirectly upon the articulation. The *levator anguli scapulae*, *trapezius*, long head of the triceps, *latissimus dorsi*, *pectoralis major*, &c., must all influence it, more or less, as you will find when we come to the consideration of the motions of the joint and the mechanism by which those movements are effected.

The arteries supplying the shoulder joint and its immediate muscles, are derived from the supra-scapular, *transversalis colli*, subscapular, and *circumflex*.

The veins follow the direction of the arteries. The absorbents are arranged in two layers, superficial and deep. The superficial layer passes to the glands in the axilla; the deep into the deep glands of the neck.

The nerves are very numerous. They are the termination of the spinal; the supra-scapular and *circumflex*.

REPORT ON THE PRACTICE OF MIDWIFERY.

By JOHN LEE, M.D.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Having read Dr. Toogood's paper "On the practice of midwifery," with much interest, I forward you the result of eight hundred and fifty cases, that have occurred in my own practice during the last few years.

Of this number one hundred and seventy were cases of first labours.

In sixty-nine cases the funis encircled the neck of the child. In seven cases the funis was twice round the neck; and in three cases it was thrice round; in all of which it was necessary to divide the funis before the shoulders could be born, and in these ten instances the labours were very lingering and perplexing. In ten cases the funis was round the arm as well as the neck; and in three it was round the thigh as well as the neck.

In five cases hæmorrhage occurred before parturition; in three it was stopped by rupturing the membranes; and in one it did not cease till the head was pressing on the perineum; and I have no doubt that in these cases a portion of the placenta had been detached from the uterus, by over exertion on the part of the individuals; in one case the patient was delivered with the forceps, but sank exhausted by the loss of blood, about half an hour after.

In seven cases there was hæmorrhage after delivery; three of which were attended with hour-glass contraction of the uterus, and in these the hæmorrhage ceased on the removal of the placenta. I never gave

the *secale cornutum* in cases of hæmorrhage occurring after the birth of the child; trusting to pressure externally, and the introduction of the hand, where the uterus is distended by coagula, (as in four of the above seven cases,) or where the placenta requires to be taken away.

Two were cases of funis presentation, in one of which the liquor amnii had been discharged some time before my arrival, and the pains had nearly ceased. The midwife told me "all was not right, for the navel-string was born." Upon proceeding to examine I discovered a portion of the funis lying without the os externum, and, pursuing my examination, could distinctly feel the umbilicus and abdominal parietes of the child. Introducing my hand I got hold of one foot, and brought it down, the other following soon after. The child was in a state of asphyxia, but by warmth and inflation revived. The woman was not at her full period, and attributed the position of the child to her having fallen down stairs about a fortnight previous, from which time, till her delivery, she had never felt well. In the other case the funis had fallen down before the head, and the woman being in a very weak state from previous illness, and having already been in the hands of a midwife for some time, the delivery of the child was effected with the forceps.

In five cases the breech presented, and three out of the five children were born alive. My practice in these cases is always to allow the uterine efforts to expel the breech, never to bring down the feet with a view to expedite delivery.

Nine were cases of twin births, with the following presentations, viz., ten of the head, eight of the feet, one of the arm, which required turning. Ten of the children were males, eight females. In five cases there was one of each sex; in two, both children were males, and in two both females. In two of the twin cases the placenta of the first child was detached and expelled before the birth of the second. In one instance the child had been born some time before my arrival, and upon making an examination, I found the placenta lying in the vagina, which was in a very few minutes expelled by the uterine efforts. There being no unusual hæmorrhage, in fact, less discharge than on former occasions, I neglected to follow my otherwise invariable rule, viz., to place my hand on the abdomen immediately after a child is born, to ascertain whether or not there is a second. In about an hour regular and strong pains came on, which, increasing, induced me to institute a closer examination, which disclosed the presence of another fœtus in utero; this was soon expelled, enveloped in its proper membranes, (the liquor amnii not discharged,) and accompanied by its placenta. In the other instance, on proceeding to examine the position, and presenting part of the second child, I found the placenta lying in the vagina, and could distinctly feel the insertion of the funis. In this case there was more discharge than in the preceding, but not sufficient to induce any feeling of faintness, and the second child followed in a very few pains afterwards. All the placenta were healthy, and presented no appearances of ever having been united.

Thirteen were cases of presentation of the lower extremities—the cases of this presentation occurring amongst the twins, are not included in this number.

Five cases presented with the face to the pubis, and

in all these the labour was very protracted and lingering.

Four were cases of presentation of the placenta. In the first the woman was at the full term of uterine gestation; the child was turned, and delivered, but still-born; the woman had a quick recovery. In the second case the mother was in her eighth month of pregnancy: she had experienced a slight "shew" a week before, but it had soon ceased. In consequence of her carrying one of her children, a violent discharge of blood took place, which had ceased before my arrival. She was ordered to be kept quiet in bed, and to have cool sub-acid drinks. On the following day the hæmorrhage returned with increased violence, attended with slight uterine pains. The os uteri was found to be slightly dilated, with the placenta attached directly over it. Feeling persuaded that she would not survive another such a drain upon her frame; I proceeded slowly and cautiously to deliver her, by turning the child, and supporting the mother during the time with wine and cordials. The child was still-born, but the mother had an uninterrupted good recovery. In the other cases delivery was also effected by turning, and the patients did well.

Five cases occurred of adhesion of the placenta, requiring the introduction of the hand for its removal.

In three cases the arm presented; in two of them the party had been some hours under the care of a midwife, who had in the first instance been "carefully" pulling the presenting part, under the full conviction that it was a foot. I had, therefore, in both cases to turn in a contracted uterus, an operation under such circumstances often extremely difficult, and only to be effected by patient perseverance.

Puerperal convulsions occurred in two cases, the first proved fatal, the second recovered. In both the convulsions came on during the excitement of parturition. Considering over-fullness of the vessels of the head to be the most frequent proximate cause of this complaint, I immediately abstracted blood, in quantity proportioned to the constitution of my patients, one being of full habit, the other the inmate of a workhouse. The convulsions happened when the head was low down in the pelvis, and just pressing on the perineum; the os uteri fully dilated. After the bleeding, delivery was effected with the forceps. Where convulsions occur during the first eight months of pregnancy, it is probable they are derived from an hysterical source, but when they take place during the progress of parturition they evidently depend on an over-loaded state of the vessels of the head. In the former case, local bleeding by means of leeches, or cupping, (which latter is, I think, preferable,) may occasionally be sufficient; but in the latter blood must be abstracted, and that in large quantities, and if necessary, repeated; in all cases, however, applying cold evaporating washes to the head, and renewing their application according to the rapidity with which the heat re-accumulates.

I kept a register of forty-three cases in which the ergot of rye was administered. In four no uterine action was produced, but a burning sensation was felt at the pit of the stomach, which soon disappeared, and in one instance, upon repeating the ergot, the same sensation was re-produced. It failed also in one case of retained placenta, and the only one in which I tried

it. Ten of the cases were first labours. In a case where the patient, in each of her previous labours, (five in number,) had suffered from considerable hæmorrhage, the ergot was very successful. The pains being languid, I gave her about two scruples of the powder in a cup of warm tea; this was followed in ten minutes by strong propelling pains, and the child was born in less than twenty minutes after the dose was taken. No hæmorrhage followed, and her recovery was unusually rapid. The ergot is considered to have an injurious effect upon the fœtus. This I have not found to be the case, inasmuch as where the ergot had been given, and the child still-born, its death had evidently taken place some time before.

JOHN LEE, M.D.,

Market Bosworth, Leicestershire,

September 2, 1844.

EFFECTS OF THE WATER-TREATMENT.

By WILLIAM JONES, M.D., Lutterworth.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, August 8th, 1844.)

During the month of December, 1843, and about twelve days in January, 1844, I was in attendance on Lady B. As I was resident in the house, and dining, &c., with the family, I had an opportunity of daily seeing the effect of what is miscalled the water-cure on the Baronet. He one day invited me to see him in what is called the *packing*, which is being enveloped in a wet sheet, then covered with blankets and feather beds for two hours, inducing a violent perspiration. At the end of that time the patient is taken out and immersed in a bath, either cold or heated, to about 65° Fahrenheit. A sheet is then thrown over him, and rubbing applied for a minute or two, outside the sheet.

As the patient was 73 years of age, and had been my friend for many years, and was of a very gouty and inflammatory habit, I told him my fears as to the dangers he was running, but he felt no ill effects till after the middle of December, when finding the gout had returned, and was flying about him, he was induced to leave off those violent sweatings. He however sent for Sir Charles Scudamore, who advised him to go on, as he said at Graefenburg they continued the plan for two or three years. One morning I saw symptoms of erysipelas of the head. I apprised them of the danger in my opinion, but it was *disregarded*, as they pretended to cure *everything* by water.

On the morning of the — of January, on seeing him immediately after coming out of the room where he had been sweated and bathed, I saw the whole countenance quite purple. I then informed the family that another such a shock would probably produce death at once. During the day, I observed he had pains in the limbs and a cough; the following morning I left London, and was sorry, though not surprised, in a few days afterwards to hear of his death, never having recovered the shock on the Friday, which terminated fatally on the following Monday week, which had produced violent cough with bloody sputa, and the last few days lethargic insensibility, as I was informed.

Some months previous to this case, I was consulted by a lady advanced in years, who I saw had been

under the water-treatment, having the petechial spots which I have seen in other cases. These spots are evidently caused by the profuse sweatings, which not only *thin* the blood, but by the excessive action of the heart during the sweating process, force the blood already thinned into vessels intended only to carry *lymph*. This of course, if too much for the absorbents to remove, will form a slough varying in extent according to circumstances, which is what *ignorant persons* call *the crisis*. That medical men regularly educated should be so ignorant of their profession must be a matter of surprise.

Whilst I was in town, I was called to see a lady of rank, who was under the *treatment* with the same eruption, and although I had known her some years before as a great beauty, the excessive sweatings had, by removing all the fat and fluids, left in the whole frame and face the haggard appearance of old age. I endeavoured to point out the great demand the stomach and digestive organs had to undergo, to supply the *wanton waste* of fluid by the skin, and it is not surprising that the patients are obliged to drink excessively of cold water to repair it. I lately heard that this lady was still pursuing the plan, although as thin as possible. The other lady has incurable disease of the colon and mesentery as the sequel of the water-treatment.

WM. JONES, M.D.

Lutterworth, July 10, 1841.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 2, 1844.

The letter from a member of the legal profession, which will be found in another column, appears to us, at this juncture, to be of considerable interest and importance. Without looking deeply into the causes of their success, it may safely be assumed that our legal friends have hitherto been able materially to influence, if not controul, the attempts made from time to time to encroach upon their privileges, and we rejoice therefore to notice indications of an inclination on their part to make common cause with ourselves in resisting the wholesale encouragement to quackery afforded by the proposed medical bill. The same acuteness which distinguishes the genuine lawyer in what immediately concerns his own profession, will lead him not only to descry the coming danger, but to call into action all his resources to obviate it; and there is no question that in contending against the recognition of a principle which, were it admitted, he must ultimately suffer from, he will do wisely to take up a vantage ground before he is himself attacked, and aid the medical profession in their efforts to resist it. At present the quackery which infests the legal profession is confined pretty much to its own members—the black sheep which disgrace its ranks,—and how much the upright and honourable among them suffer from the mal-practices of

these rotten members of the flock, not only in public estimation, but also in the withholding of that confidence which, as men learned in the interpretation of the law, they would otherwise enjoy, needs no argument to prove. But once let wide the evil throughout the length and breadth of the land, once let loose unrestrained the practice, by the ignorant pretender of quackery in law, as it is now proposed to do with regard to quackery in medicine, and even the Abbot of Misrule himself might rejoice in the confusion which must inevitably arise.

Yet would not the introduction of this confusion into the practice of courts of judicature law and equity; in the tenure of property, and in every public and private right which the law is intended and professes to secure, be one whit more calamitous than that pestilent toleration of quackery granted under the Medical Bill, under which the health of individuals must sink, and the sanitary relations of the community suffer. The mischief resulting from legal quackery might possibly be more glaring, since every trial in the law courts would afford abundant evidence of it, while the workings of medical quackery, with the exception of an occasional exposure in the coroner's court, are recorded only on the monumental tablets of our cemeteries, or lie hidden from human recognition in the last home of mortality. On the other hand the evil which touches life is more grievous than that which involves property and civil rights, since neither of these can be possessed in the grave, nor prove a source of gratification and enjoyment without that first of all earthly blessings,—health both of body and mind—the *mens sana in corpore sano*.

Every species of quackery, however, is unmixed evil, the quackery legal and the quackery political, as well as the quackery medical, and we hail, with no common satisfaction the indications of an accession of so powerful and so enlightened an ally, in contending against this all-encroaching, all-pervading principle, as the legal profession must prove. Its members, moreover, will do well to be on the alert, and to be early in the field; for they may rest assured that in the pursuit of a spurious and so-called freedom, which threatens to inundate our institutions by the wide spread of its shallow waters, free-trade in medicine will be followed at no distant period by the kindred absurdity of free-trade in law.

THE BENEVOLENT FUND.—LETTER II.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subject of local funds must next engage my attention; and for many reasons I shall engraft my observations on those funds upon the regulations of the "Surrey Medical Benevolent Fund," but chiefly

because of my residence in the county, and my greater acquaintance with the state of its professional population; and because, having had the honour of being elected one among its honorary associates, I cannot be suspected of any jealous or unkindly feelings towards the institution, or towards its members; on the contrary, I entertain a deep feeling of gratitude for that great kindness, which prompted the above expression of their unmerited estimation of trifling services.

I have no wish to undervalue local funds, I would cherish every one of them with niggard care; but in its proper place, I shall hope by and bye, to show that their energies may be increased, and their usefulness extended, and their stability ensured, by *union* and *co-operation* (NOT BY AMALGAMATION) with other kindred institutions.

If however they are to be retained precisely in their present separate and independent form, I would suggest an alteration in their designation, in order to distinguish them from *purely benevolent* funds, where the *test of membership* is not required. I would call them *amicable* funds, as expressive of that friendly bond of union, which cements together a certain number of brethren, for the *mutual advantage* of themselves and their families; thus distinctly showing their nature and intentions. I am quite prepared to admit that a principle of mutual benevolence must form the groundwork of this union; so it must of family union, yet one would never think of describing such union as a benevolent one:—there it would be relative, and affection forms the bond; in the local “amicable” association mutual friendship forms the bond; in the *purely benevolent* association, charity alone forms the bond. I may be thought to be very hypercritical in making these distinctions; but I am so thoroughly convinced that distinct ideas will only be obtained by employing explicit terms, that I shall venture to incur the charge.

An objection I would state against these local funds, is the length of time which must elapse after their formation before they can be brought into operation, in order to ensure their stability: for it is obvious that unless there be an accumulated capital during the earlier years of its existence, this local fund must necessarily fail after a time, in proportion as the claims of widows and orphans are multiplied. In the instance of our local fund, it was established in 1812, its first payments were made in 1830, and it has not yet reached that amount of capital which would enable it to dispense its entire annual income. Now I believe that this society has been, for its limited geographical extent, as prosperous, and as well managed, as any local fund in the kingdom; and yet it will be seen that for the first eighteen years of its existence, it was unable to afford relief to any case of distress, which might happen within its limited sphere. If then this principle be applied to geographical sections of the kingdom, what is to become of all those cases of distress which will not be relievable for eighteen years? This of course applies to new societies, and not to those already in operation.

But there are very many counties in which no local funds exist; there are those in which they have been tried and failed; there are those in which the attempt to form them has been abortive. I do not possess the means of stating precisely what counties possess

local societies, and what have none; but I have at this moment upon my table, the report of one Society of this kind, formed about the year 1813, and under the highest patronage, for the rich agricultural counties of Bedfordshire, Buckinghamshire, Cambridgeshire, Huntingdonshire, and Northamptonshire, and which signally failed and came to nought; thus plainly shewing that local societies are not always adequate to support themselves, although they may have originated under the most promising circumstances. And are these counties, with all their mass of misery, to be left unprotected? To this it may be replied, let them form local societies; but even supposing this were practicable, it would be perhaps twenty years before they could be available; and are twenty years of unpalliated suffering to be endured?

It has been said that medical men who subscribe to their own local funds, are thereby rendered unable to subscribe to the more general fund. Let it ever be remembered that the subscription to the *local* fund is for the probable or possible benefit of themselves and their families, and let it never be said, that they can subscribe a larger sum for *themselves*, but that they have not the means of affording a smaller sum to their brethren in distress. Nor do I think that this objection has any real practical bearing upon this question; for I observe that *twelve* out of the *twenty-eight members* of the Surrey local fund, are also contributors to the general Benevolent Fund—a much larger proportion of subscribers to the *latter*, than can be found among the practitioners of Surrey, who have no such demand upon their purse.

But I object against the local fund, on the ground of the small portion of the misery which it is calculated to relieve. Its relief is confined, like other *local funds*, and *very properly confined*, to its own members, or their families. By a reference to the last published report of the Surrey, I find that its assistance has been granted to the families of *deceased members*; but that notwithstanding, the fund has been regularly and rapidly increasing. Most happily—and may it long prosper, but in casting my eye over the list of its members, I cannot avoid recognizing very many, whose families will not probably require any relief, and on casting my eye through the county, I cannot help recognizing many *non-members*, whose families must in all human probability one day require relief; and from what source is this relief to be obtained, if not from a benevolent fund?

To this doubtless the advocate of the local fund will say, by their becoming *members of a local fund*. We must consider this answer. I find that the number of *members* in the Surrey, up to August, 1843, was *twenty-eight*; but the number of practitioners in Surrey exceeds *two hundred and fifty*, so that in the event of their falling into distress, not more than about *one-ninth* of the whole would be entitled to relief; and the widows and orphans of eight-ninths of the whole would in vain seek relief from any society in their own county. Now, does not this fact speak for itself? Only *one-ninth* of the practitioners of Surrey are members of the local fund; and why are they not so? Either their circumstances are above the reach of probable want; or they are careless and improvident; or they possess not the means of paying the admission fine of *three pounds*, and *two pounds* a-year for twenty-five years afterwards.

Perhaps each of these causes will find their respective subjects: the first out of their abundant income have provided for their families by life insurance; the second provide for the wants of to-day, and think not of the events of to-morrow; but a large proportion are to be found in the third class, of those whose straightened means admit not of their sparing, from their scanty income, five pounds during the first year, and two pounds annually for twenty-five years afterwards, especially when, if they should happen to die, or to be unfortunate during the *first five years*, their families would not be entitled to relief. Now these are the very persons who would be relieved by a *benevolent fund* requiring no test of membership.

The advocates of *local funds* are not fond of this distinction; yet it is a vital difference, and must be held out in broad daylight, before the respective advantages of each can be appreciated. In simple truth, in the local funds there is, and must be a *test* of membership, and this test is entitled to relief. Now these are the very persons who would be relieved by a *benevolent fund* requiring no test of membership.

Faithfully yours,

W. NEWMHAM.

Farnham, Sept. 17, 1844.

ENCOURAGEMENT OF QUACKERY.

A LAWYER'S OPINION OF THE MEDICAL REFORM BILL.

The following excellent letter from a Member of the Legal Profession on Sir James Graham's Medical Bill is extracted from the *Law Times*. We recommend it to the attention of our readers:—

SIR,

Among the important Bills to be discussed next Session is the Medical Reform Bill. Its leading provisions are beyond our province, but its mode of dealing with quackery is fit matter for the lawyers. We may leave all bearing upon education, examination, and the ascertainment of the relative position of grades to the doctors; but when we see a body of men in most respects like ourselves, threatened by the toleration of fraud, pretension, and ignorance, I hold that we deserve deprivation of our own protective laws unless we heartily and zealously co-operate.

No rational mind can trace a distinction between the two professions; one has health and life for its guardianship, the other all which makes those desirable. To the honourable fulfilment of functions so precious, the best faculties of the mind are devoted in an expensive training, and afterwards, in their prime energy and development. Both are eminently mental occupations; both rewarded by the station of gentlemen, unbounded confidence of employers, and the opportunity of attaining the elevated satisfaction of doing the greatest good. Both are exposed to the deep injury of quackery; the fraudulent pretender robs us as individuals, and debases us as a body; and in both his success results from the profound faith misfortune reposes in its source of succour. If not our own cause it should suffice that it is our own enemy; the mendacious cunning of unscrupulous men, by nature

and acquirement perfect in the art of duping. That is the foe.

It is sufficiently familiar that an unqualified person, acting as an attorney or solicitor, cannot recover any fees, and is liable to imprisonment, and more than half the value of the protective punishment lies in the power every person has to put in motion the machinery which incarcerates.

The proposed Medical Reform Bill disqualifies unregistered persons for public appointments, but leaves the rich harvest of private practice open to depredation.

It disallows the recovery of fees by action, and thus elevates the pretender into the physician.

It makes it a misdemeanour to pretend to be on the register.

The last alone has even the semblance of efficiency; but that has no more. If the looseness of language of section 31 be not by accident, it must be by design. The offence which ought to be punished is acting as a medical man without legal qualification; the pretending to be on the register is but one of a hundred modes of deception. We should think it a singular absurdity if a man might do what all solicitors are paid for doing, provided only he does not say he is on the roll. But this emasculated section is the fruit of the false notion that legislation cannot reach quackery.

Sir James Graham and his precursor in the *Quarterly Review* (December, 1840) remark that, as the pretender cannot be touched, we must encourage the regular practitioner: that the suppression of quackery "no legislation can accomplish." Possibly not; and the case is the same with the vocation of the pick-pocket. Such an observation is a shabby quibble. Nobody looks for its *suppression*; are we therefore to legalize it? Its patrons begin with a fallacious statement of the extent of remedy sought; they take advantage of an inexpedient argument by the medical men, and then shuffle, by urging the past failure of clumsy legislation against all legislation. It is most true, that quackery, like all other fraud, can never be suppressed. To ask the Legislature to suppress it is seeking an impossibility; but we do ask that it be declared an offence, and made punishable. We will be content with the "great discouragement" of an indictment. Let us have the means of trying, and with patience we will submit to all the mortification of not attaining perfect eradication. "Each individual in society has, with respect to his own complaints, a right to consult whom he pleases," says the *Quarterly*. Whatever force is found in that argument, is attributable to the doctors unwisely making the protection of the public part of their own case. Let the public take care of itself. If they say candidly, "All the protection we require is for ourselves; preserve to us the legitimate gains of the profession; the right of the public to become victims we fully concede," they may appear, indeed, somewhat less philanthropical, but assuredly they avoid a popular retort—for the strength of that observation lies in the way it comes out. It may suffice to destroy the argument of the doctor; it destroys the force of his solicitude, but it is worse than weak on the offensive. Pressed against the claim for their individual protection, it could and would be smothered by innumerable instances in other classes.

Then, the inefficiency of the present prohibitions (in

general the stimulant of more stringent measures) is strangely put forward to induce a passive submission to the evil. The College of Physicians and the Apothecaries' Company have done no good by prosecutions. Be it so, and relieve them from the office. We will not doubt that the ponderous movements of a society, almost uninterested, are not difficult to defeat by the active dexterity of a quack, whose name they hear as individuals for the first time; but place the medical profession on an equality with us—define the offence as acting in the capacity of a medical man without legal qualification, and taking reward before or after the service rendered—declare it punishable as a misdemeanour, and who shall doubt the weapon thus placed in the reach of every local protection society—nay, each member of the profession—will rust in the scabbard? My friend, the Doctor, I doubt not, with some slight assistance from us, will contrive to keep his neighbourhood tolerably free from the pestilent intrusion of the pretender. I do trust this struggle will cease to be that of the medical profession alone; its twin brother is bound to join in exalting the opposition into a crusade against a common enemy.

I am, Sir,

Your obedient servant,

J. BROCKS WARD.

Bishopsgate Street Without.

SIR JAMES GRAHAM'S MEDICAL BILL.

NORWICH MEETING.

In pursuance of a requisition numerously signed and duly advertised, a meeting of the Medical Profession took place at the Guildhall, Norwich, on the 19th instant, to take into consideration Sir James Graham's Bill for the better Regulation of Medical Practice throughout the United Kingdom. John Green Crosse, Esq., F.R.S., and Senior Surgeon to the Norfolk and Norwich Hospital, in the chair.

The Chairman, in opening the proceedings, said, he ought to explain that he must account for his being called to the chair, by the absence of his senior colleague, Dr. Evans, who was expected; but being placed in that situation, he must apologise for his inadequacy to fulfil his duties.

After making some observations relative to the parliamentary inquiry into the state of the medical profession generally, which took place some years ago, and reading the requisition by which the meeting was convened, he proceeded to call upon the gentlemen who had resolutions to propose to state them to the meeting.

Dr. Wayte, in moving the 1st resolution, said, that in many towns Sir James Graham had not been treated as he ought to be in respect to this bill. He had brought it forward with a decided impression that it would be a bill satisfactory to the public and to the profession; and he had not hastened it through Parliament, but left time for it to be thoroughly discussed, in all its parts, before the next session. He, therefore, thought, that Sir James Graham had done all he ought to have done, and in a delicate and appropriate manner, and he did not think individuals or public bodies should broach unkind feelings, when a disposition was shown to benefit society at large. In regard to being deeply impressed with the necessity of fresh legislation, he

might say, that before the Apothecaries' Act of 1815, great inroads were made on the profession; and in the early periods of the operation of that act, many unqualified individuals were prevented practising; but the custom of prosecuting dropped, and consequently illegal practitioners were now rather increasing than otherwise. The new bill would, as it stood, make a great opening for persons who had no pretensions to practice whatsoever. He thought the resolutions of this day would go far to improve the bill, if they were listened to; and would render it, such as ought to be palatable to every practitioner in the kingdom. Their high and honourable profession ought not to be invaded by quacks, regular or irregular. It was quite time to make a stand. He hoped that, throughout the kingdom, the petitions would not be found to clash with each other, but that there would be a kind of harmony among the whole, so that a bill might be brought in which would support the honour of the profession. The etiquette of the profession, he observed, was very often violated. Physicians practised as surgeons, and the druggist, who ought to do no more than sell his drugs, was a great prescriber. Accounts had been published showing the injurious effects of this practice in Manchester and other places, where infants had been destroyed by it. Something should be done to meet this evil, but there appeared nothing in the proposed bill which would have that effect. He wished that the public should be protected; for the public ought no more to be poisoned than the profession robbed. He did not wish to injure any individual or any body of men, but he thought it high time for the profession to take a defensive course; and he hoped Sir James Graham would attend to the suggestions respectfully offered to him. He concluded by moving:—"That being deeply impressed with the necessity of fresh legislation to reconcile the discrepancies of the medical profession, and to create reciprocity of privileges and uniformity of education for each grade respectively throughout the United Kingdom, this meeting is thankful for the ample opportunity offered by the Right Honourable Sir James Graham, Bart., for discussing the Bill introduced at the close of the late Session of Parliament."

The resolution was seconded by Mr. Chater, of Norwich, who observed that advantage would accrue from their being connected with the Government by a Council of Health; and had such a connexion before existed, they would not have had the degrading effects of the Poor-Law Act, and the system of appointment of medical officers by tender.

It was then moved by Mr. Ferrier, of Yarmouth, and seconded by Mr. D. Dalrymple, of Norwich:—"That the registration clause of the said Bill deserves the support of the profession; but, in order to be efficient, the registering should not be voluntary, but be made requisite and essential for every one who is permitted to practice as a medical man, whilst the list of the duly registered should be annually published."

Moved by Mr. Archibald Dalrymple, of Norwich, seconded by Mr. Cooper, of Filby: "That it appears a further defect in the proposed Bill that it leaves undisturbed in their present practice and appointments some persons not now legally qualified."

Moved by Mr. Wiles, of Norwich, seconded by Mr. Seppings, of Swaffham:—"That the Apothecaries' Act of 1815 has been very instrumental in advancing and

regulating the most numerous portion of the medical profession in the parts of the kingdom to which its operations were limited, and more especially in the provinces; that its provisions have been ably carried out by the Court of Examiners of that Society, who are entitled to the thanks of the community, and in so far as the said Act has failed, such failure is attributable to its being a partial measure, and too feeble in its clauses for repressing the unlicensed and unqualified."

Moved by Mr. Norgate, of Norwich, and seconded by Mr. Nichols, of Norwich: "That to repeal the said Act without substituting any general penal clause, in lieu of the one therein contained, against unqualified practitioners, is to be highly deprecated as eventually injurious to the public and unjust to the profession."

Moved by Mr. Costerton, of Yarmouth, seconded by Mr. Francis, of Norwich: "That some penal check upon the practice of the unqualified, by a summary process easy of application, is essential to the efficiency of every legislative measure, and its restriction to those unlawfully practising in public offices is wholly inadequate to protect the public; whilst on the other hand it seems an anomalous novelty in legislation to enact, that the unregistered shall not recover charges for practising in a way not forbidden by the law."

Mr. Godwin Johnson said, it had been suggested to him, to take some part in the proceedings, and it was not on account of reluctance to do so, that he had not moved any of the resolutions. He believed the movement now going on in the medical profession was untinctured with selfishness. He held, that higher and better motives ought to be imputed to medical men with respect to the bill affecting them; and contended, that the public interests were essentially concerned in the success of their resistance to the bill as it now stood. If it was right that the public should know who were qualified or unqualified, as medical practitioners, then it was right to carry out the principle to the fullest extent; otherwise, no previous examination should be required. Why were gentlemen examined and licensed but from the persuasion, that the unlicensed should not be allowed to tamper with the lives, health, and security of the public? If it was necessary that gentlemen should be apprenticed, and pass the Apothecaries' Company,—if they must have a College diploma before they could be acknowledged in society as physicians and surgeons,—it was right that they should be protected against the aggressions of the unqualified, uneducated, and unprincipled. He had therefore, no hesitation in supporting this motion. He thought that the Apothecaries' Company with all its faults, had done much good. They were indebted to it for the great progress made in the education of the general practitioner. Judging from his observations for some years past, he considered, that the general practitioner had immensely advanced in public value. He had lived to see the day when persons could safely trust their health to practitioners in their immediate neighbourhood; and this he attributed to the advanced rate of study. He considered, that the present clause in the act of the Apothecaries' Company was feeble, but feebleness was a comparative term and measured by the antithesis. A clause might be strong enough, if its opponents were not strong enough for the clause. It might be difficult to prove that an unqualified person had practised in a manner to bring him under the

penalty. He had known instances of persons having been punished, and he believed that some penal enactment was necessary for the protection of the public. Unless such an enactment was passed, he would say let fresh legislation alone. He did not mean any measure that would drive individuals to prefer individual informations; but he maintained that every practitioner should be registered, that the registry should be published, and that there should be a public body to inform and proceed against individuals practising irregularly. Also, that instead of going into a court of law, with barristers on each side, there should be a summary information laid by the public body, and a power given to magistrates to adjudicate: thus a speedy remedy would be afforded to the complainants. He hoped that medical men would be unanimous, and willing to sacrifice their own opinions when a principle was not concerned. He considered that they were indebted to the Secretary of State for not hurrying this bill through Parliament. It was now open for discussion till next Session, and if it should be found, as he hoped it would be found, that the profession throughout the kingdom at large were nearly unanimous on certain points, they might perhaps, be able to congratulate themselves on being protected in their labours in an ill-remunerated profession.

Some further discussion arose on this motion, in which Mr. Nichols, Dr. Wayte, Mr. Ferrian, and the Chairman took part. Mr. Crosse the Chairman said that if there were to be no general penal clause introduced into this bill, he would say let us, in the provinces of England, rather remain as we are, and quoted some passages from the statement of the Society of Apothecaries on the subject. From these it appeared that the Society were of opinion "that some penal check upon unqualified practice is essential to the efficiency of any measure of Medical Reform," and that the attempt to put down illegal practice "has never yet been fairly made;" and also that "in a case like the present, what the law does not forbid, it must be taken to sanction; and if it imposes no check upon the practice of incompetent men, it must be held responsible for the monstrous evils that result from it." Except in certain instances, continued Mr. Crosse, of public appointments, the new bill would permit, and even sanction, the practice of the unregistered and unqualified in all instances; and what would be the effect? The class just above the pauper, and the lowest poor who choose to avoid applying to the surgeon of a union, would be left to the care of the unregistered. When public appointments were held out as a great boon to the profession, it would be well to ask what was their pecuniary value? It need hardly be stated, that in their profession, there was very little pecuniary payment to be derived from any public office; and what appointments there were of any value would be found in the metropolis. What the union surgeon received could scarcely be called payment for his services; and were the total emoluments derived from public offices divided equally amongst the qualified members of the profession, they would not be found to average £20 per annum to each practitioner: and therefore the securing those appointments to him was no great boon for his being left without legal protection in all other respects. He would revert again to the Apothecaries' statement. It asked

—“What, then, is the penal check which your experience suggests? We reply, let the law distinctly affirm, that no one shall practice the healing art, with a view to gain, who has not given evidence of his competency. Punish those who offend against the law in this respect; let the process be simple and inexpensive; the punishment certain, and following closely upon the commission of the offence; give a power to two magistrates to convict, and punish by fine and imprisonment, with appeal to the quarter sessions.” In all other cases, there was first the law to forbid the act; but by this singular part of the present bill, persons were allowed to practice, and yet the power to sue for charges was to be taken away from them. Little effect would, however, ensue from this, as all honest people would pay those whom they voluntarily employed. This did not remove the anomaly of the act, arising from the absence of a general penal clause. They had heard much of putting the cart before the horse—but here was a cart and no horse at all—a passive machine without a locomotive attached—accomplishing what Hudibras contemplated,

“To keep us equally in awe,
Of breaking and maintaining law.”

It was a great point to have a general penal clause, and to render it as effective as possible.

The Chairman then put the resolution, which, as well as the preceding resolutions, was carried unanimously.

Moved by Mr. R. J. Tunaley, of Wymondham, and seconded by Mr. Drake, of Norwich: “That the foregoing resolutions be published in the local papers, and a copy of them sent to each Member of Parliament for this city, the county of Norfolk, and its boroughs; and that a petition based upon these resolutions be prepared by the following committee, and after receiving the signatures of those members of the profession who are willing to support its prayer, be presented to each House of Parliament, and that the committee be requested to continue their services for the purpose of watching the interests of the profession. Committee: Dr. Evans, Dr. Lynn, Dr. Wayte, J. G. Crosse, B. H. Norgate, J. G. Johnson, C. Costerton, W. P. Nichols, A. Dalrymple, W. S. Ferrier, R. D. Hale, D. Dalrymple, and P. Eade, Esqrs., with power to add to their number.”

(Signed) J. G. CROSSE,
Chairman.

LEEDS MEETING.

At a meeting of the Medical Profession of the Borough of Leeds, held at the Philosophical Hall, on Thursday, the 12th instant, Samuel Smith, Esq., in the chair, the following resolutions were adopted:—

Moved by Mr. Hey, and seconded by Mr. Cass:—“That this meeting observes with pleasure that by the introduction into Parliament of a Bill intitled ‘A Bill for the better Regulation of Medical Practice throughout the United Kingdom,’ Her Majesty’s Ministers have at length admitted the necessity which has been so long felt by the Profession of making some alteration in its government.”

Moved by Mr. Nunneley, and seconded by Mr. Hall:—“That this Meeting views with satisfaction the approximation made by this bill towards the attain-

ment of a high and uniform standard of qualification for all members of the medical profession, and it is earnestly hoped, in the progress of the Bill through the Houses of Parliament, its provisions may be rendered as complete as possible.

Moved by Mr. Price, and seconded by Mr. Pullan:—“That, whilst it is admitted that it may be exceedingly difficult entirely to suppress quackery, this Meeting is decidedly of opinion that some more stringent measures than are contained in the proposed Bill ought to be adopted for the protection of the public and the profession against ignorant and unqualified persons.

Proposed by Mr. Braithwaite and seconded by Mr. Evans:—“That a permanent Committee, consisting of the following gentlemen—Messrs. Braithwaite, Brown, Bulmer, Cass, Chorley, Garlick, Hall, Hey, Land, Macfarlan, Nunneley, Price, Ratcliffe, Smith, and Teale, with power to add to their number, be now appointed for the purpose of communicating with the Borough Members, of watching the progress of the Bill, and taking such other steps as they may think necessary for carrying out the views of this Meeting.”

BIRMINGHAM MEETING.

On Tuesday, Sept. 10th, a very numerous and highly respectable meeting of the medical profession of Birmingham and the neighbourhood, was held at the Public Office, for the purpose of taking into consideration the bill lately introduced by Sir Jas. Graham for Medical Reform.

Among those present were the following gentlemen:—Dr. Fletcher, Dr. Birt Davies, Dr. Skerratt, Dr. Mackay, Messrs. Thomas Chavasse, Pye Chavasse, Swinson, George Elkington, Crompton, Holbech, Wickenden, Russell, Knowles, Crompton, F. Elkington, Ryland, Partridge, Bindley, Taylor, Cartwright, Allarton, A. Baker, Saunders, Bracey, Simons, Archer, Wilders, Harmer, Hadley, Chesshire, Sproston, Parsons, Watson, Hind, Green, Parker, Lawrence, and Mash, of Northampton.

Dr. Bell Fletcher was called to the chair, and among the resolutions passed were the following:—

“That this meeting, having had its attention called to the provisions of a Bill which has been submitted to the House of Commons by Sir James Graham, on the subject of Medical Reform, is of opinion that there are some very important objects not provided for in that measure, to which the attention of the Legislature should be earnestly and respectfully called.

“That in the opinion of this meeting the system at present pursued in this country by druggists, and other unqualified persons, of prescribing for and attending patients, is fraught with serious danger to the public at large, and more particularly to the poor; and that the absence of all restrictions in the Bill now before Parliament, beyond the mere disqualification for holding public appointments, is deeply to be lamented, as it is evident the mass of the population cannot discriminate between the ignorant pretender and the regularly educated practitioner—the fact of registration being utterly insufficient for that purpose.

“It appearing to this meeting that the direct sanction given by Government to quackery, by legalising the sale of stamped medicines, has a tendency greatly to deceive and to prejudice the minds of the public, and

is fraught with danger to the lives of her Majesty's subjects: Resolved, That in the opinion of this meeting it is expedient that Government should provide some measure for the suppression of the sale of stamped medicines.

"That petitions, embodying the foregoing resolutions, be addressed to both Houses of Parliament; and that a deputation do wait upon the Earl of Dartmouth and the Borough Members, to request them to present the same, and to use their best exertions to promote the success of its prayer.

"That this meeting acknowledges with pleasure the communication received from the Chairman of the Birmingham and Midland Districts Medical and Surgical Association, and is anxious to express its approbation of the principles on which that Society is formed."

HASTINGS MEETING.

At a meeting of the medical practitioners resident in Hastings and St. Leonards, held on Monday the 16th of September, and convened for the purpose of discussing the medical bill of Sir James Graham; W. Duke, Esq., in the chair:—

Resolved:—That this meeting views with disapprobation the proposed constitution of the Council of Health and Medical Education, inasmuch as no general practitioner is by this bill proposed to be appointed on the council, thereby withholding from that numerous body a voice in the formation of all the laws and regulations which will have so important an effect on the future condition of the great body of medical practitioners throughout the United Kingdom.

Resolved:—That in the opinion of this meeting the Bill for the better Regulation of Medical Practice throughout the United Kingdom, repealing as it does the Apothecaries' Act of 1815, and substituting no adequate protection to the great body of medical practitioners, would, if carried in its present form, be highly prejudicial to the interests of the profession and to the public welfare.

Resolved:—That the Society of Apothecaries are entitled to the best thanks of the profession, for having enforced a gradual and extended course of study and examination, which has elevated the position of the general practitioner, and that the removal of all restrictions and penalties from unlicensed practitioners of medicine, which the repeal of the Act of 1815 would effect, would be greatly injurious to the profession, and to the public at large.

Resolved:—That a deputation be formed, consisting of the Chairman, Dr. Mackness, R. Ranking, Esq., F. Ticehurst, Esq., J. Savory, Esq., W. H. Gardner, Esq., J. Ranger, Esq., and the Secretary, to wait upon the Members for the borough, and to afford them any necessary explanation, requesting them to support the views of this meeting, urging upon them the injustice to the profession, and the injury to the public, certain to result from the carrying out of the proposed Bill of Sir James Graham.

Resolved:—That a petition to the House of Commons be prepared, founded on the above resolutions, and that it be presented to the House by R. Holland,

and M. Blisco, Esqrs., and that the County Members, G. Darby, and A. G. Fuller, Esqrs., be requested to support the prayer of the petition.

WALTER DUKE,
Honorary Secretary.

Hastings, Sept. 19, 1844.

ROCHDALE MEETING.

A meeting of the Medical Practitioners of Rochdale and the neighbourhood was held on Thursday, the 26th instant, to take into consideration the provisions of Sir J. Graham's Medical Reform Bill. There were present—Mr. Dunlop, chairman; Dr. Edwards; Messrs. Wood, F.R.C.S.; Bower, Dicken, Barker, Sellers, Lamb, Lawton, R. Barker, Schofield, N. Buckley, Collingwood, Coventry, Taylor, and Thomasson.

A petition to the House of Commons, strongly condemnatory of that portion of Sir J. Graham's measure which proposes to repeal the Act of 1815, without the substitution of any other equally stringent enactment for the protection of the legally qualified practitioner, was unanimously agreed to.

A deputation was also appointed to wait upon the Honourable Member for the borough, to request him to present the petition, and to support its prayer, at the meeting of Parliament.

SALISBURY MEETING.

At meeting of the medical practitioners in Salisbury, held at the Salisbury Infirmary, September 21, 1844, present, Dr. Grove, in the chair, Dr. W. C. Finch, H. Coates, Esq., W. Andrews, Esq., G. Tatum, Esq., John Toone, Esq., John Winzar, Esq., W. M. Coates, Esq., T. R. Moore, Esq., J. A. Lush, Esq., A. Middleton, Esq., G. Senior, Esq.:—It was resolved that a General Meeting of the Medical Practitioners of the county should be convened to discuss the provisions of Sir James Graham's Bill for the better Regulation of Medical Practice throughout the United Kingdom. The meeting was appointed to be held at the Council Chamber, Salisbury, on Tuesday, the 8th of October, at two o'clock in the afternoon.

BOOKS RECEIVED.

Twenty-fourth Annual Report of the Directors of the Dundee Royal Asylum for Lunatics, &c. Dundee: 1844, 8vo. pp. 48.

State of an Institution near York, called the Retreat for Persons afflicted with Disorders of the Mind. Forty-eighth Report. York: 1844, 12mo., pp. 26.

ERRATUM.

Page 388, col. 2, line 32. The measurement of the diameter of the pelvis in the case narrated in the Journal of September 18th, was from one inch and a half to one inch and five eighths, instead of from one inch and three eighths to one inch and a half, as there stated.

TO CORRESPONDENTS.

Communications have been received from Dr. Cullen; Dr. Hindle; Mr. G. King; and Dr. Paxton.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS,
DELIVERED AT THE CHARING-CROSS
HOSPITAL. SUMMER SESSION, 1844.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE IV.

I shall commence the present lecture by describing to you the appearances which the shoulder presents in its natural state, and also the points or processes necessary to be observed in relation to dislocations of the joint. The shoulder is somewhat conical in shape, the base being at the axillary border, whilst the apex is directed upwards and forwards. It presents four aspects—an anterior, posterior, superior, and external. On the anterior aspect, commencing at the border of the axilla, is a deep groove leading up to the anterior margin of the clavicle, at about an inch and a half from its acromial extremity, at the angle between its concave and convex portions. Place your finger upon this spot, and carry it outwards and then backwards around the shoulder, and you will be able to trace the end of the clavicle, the acromion process, and, lastly, the spine of the scapula, very well marked, and easily discerned, especially in thin muscular individuals. Next retrace your finger and place it in the groove immediately below the clavicle. This spot corresponds to the division between the anterior edge of the deltoid and upper edge of the pectoralis major muscles. Carry your finger outwards and you will then feel the dense ligament or rather fascia extending from the coracoid process to the clavicle and ribs, the coracoid process, the anterior edge of the deltoid muscle, and the prominence of the head of the humerus. On the posterior aspect you may observe the supra-spinal fossa, beneath which is the spine of the scapula; pass your finger along this process from within, outwards, or from the vertebræ towards the humerus, and you will be able to feel the well defined posterior margin of the acromial process, beneath which, if you exercise a little pressure upon the posterior portion of the deltoid muscle, you will observe, when the arm is at rest by the side, a depression, the acromion overlapping the head of the humerus in this direction; when, however, the

arm is carried across the chest, this depression is not so evident, as the head of the humerus is then thrown more backward.

Extending down from the head to the shoulder, on the posterior part of the neck, is a prominent but obtuse border. This is the external edge of the trapezius muscle. Carry your finger from above, downwards, and from within, outwards, along the cap of the shoulder, and you will distinguish the following objects. At the termination of this border or margin you will feel a ledge or ridge much more distinct in some individuals than in others, this is the acromial extremity of the clavicle articulating with the acromial process upon which your finger next rests; pass your finger for rather more than an inch outwards, and it will slip over the edge of this process directly upon the projecting head of the humerus, covered by the deltoid muscle. You must bear in mind the different degrees of projection presented by the clavicle. In some individuals it is so much elevated and enlarged that a considerable projection results, liable to be mistaken for luxation or disease of the bone.

M. Huguier has observed that this projection is very common among convicts sentenced to penal labour, and he attributes it to the incessant pressure exercised by the clavicle and acromion, one against the other. You will frequently meet with this excess of formation among the hard-working poor, and you must be careful not to mistake it either for accident or disease. In most instances, however, you will be guided by examining both shoulders of the patient, when you will usually find a similar projection on both. Indeed, I should strongly recommend you in every case of injury to joints, for which you are consulted, to examine the corresponding joint, for if you omit to do this, you will constantly be liable to fall into some error or other. On the external aspect the points to be remarked are the outer edge of the acromion process, below which is the rounded eminence of the head of the humerus and deltoid muscles projecting considerably in this direction. We will now proceed to the consideration of the motions of the shoulder joint, and the mechanism by which those

motions are executed. The shoulder joint enjoys greater extent and latitude of motion than any joint in the human frame. Its motions are those of flexion, extension, abduction, adduction, rotation, and circumduction, or a combination of these motions.

When the humerus is carried backwards, the shoulder joint is in a state of extension. The muscles by which this motion is effected are the deltoid, by its scapular portion, the *teres minor*, *teres major*, long head of the *triceps*, and the *latissimus dorsi*.

When, on the contrary, the humerus is carried forwards, the shoulder joint is in the position of flexion produced by the action of the acromial and clavicular portions of the deltoid, the *supra-spinatus*, *biceps*, *coraco-brachialis*, and clavicular portion of the *pectoralis major* muscles; and when the humerus is elevated in a plane parallel to that of the scapula, these muscles are to a small degree assisted by the *infra-spinatus* and *subscapularis*. Abduction is where the humerus is carried from within outwards, away from the side, being directed neither forwards nor backwards. This motion is effected by the combined action of the deltoid, the *supra-spinatus* and *infra-spinatus* muscles, assisted by the *biceps* and *coraco-brachialis*.

In adduction the arm is returned to the side by the *pectoralis* and *latissimus dorsi* muscles.

The motion of rotation is of two kinds, for instance, where the thumb is turned outwards and sideways, where the palm of the hand is directed forwards, the limb is said to be in a state of supination, or rotated outwards, or radiad; where on the contrary the back of the hand is directed forwards with the thumb turned inwards towards the mesial line, it is pronated or rotated inwards or ulnad. These rotations may be performed when the arm is in a state of extension, flexion, abduction, or adduction, as indeed may be abduction or adduction when the limb is flexed or extended, and *vice versa*. The muscles which rotate the humerus outwards are the *supra-spinatus*, *infra-spinatus*, *teres minor*, scapular portion of the deltoid, and when the humerus has been rolled inwards, the *coraco-brachialis* to a small extent. The rotators inwards are the *subscapularis*, the clavicular portion of the deltoid, and when the humerus has already been rotated outwards, the *latissimus dorsi*, *teres major*, and, at the commencement of rotation, the *pectoralis major*.

Circumduction is a compound movement comprising the whole of the preceding motions; in this the humerus is made to describe the circumference of a cone, the base of which is towards the elbow, the apex being at the shoulder joint. This movement is produced by the flexors, abductors, extensors, and adductors, acting to the same degree, and also in the same order of succession as that in

which they are inserted around the humerus. Thus it is commenced by the *pectoralis major* which raises the arm forwards, inwards, and upwards, until it comes within the sphere of action of the flexors and abductors, which continue the movement upwards, outwards, and backwards, until the arm is placed under the influence of the extensor muscles, which carry it backwards, inwards, and downwards, thus completing the motion of circumduction. But you must bear in mind that the movements of the shoulder joint are not confined to the mere revolution or gliding of the humerus upon the scapula, but that a great latitude is added to these movements by the scapula not being a fixed bone, but, on the contrary, retained in its situation and influenced by the action of muscles which enable it to yield to and follow the several motions of the humerus, thus bestowing greater freedom and sphere of action upon the upper extremity. Indeed, were we to confine our examination to the muscles usually described as effecting the movements of the shoulder joint, we should omit several very important agents. It is true that they do not act directly upon the humerus, but by adapting the scapula to the necessities of that bone, they enable the joint to perform the functions for which it was designed in a perfect and efficient manner. How comparatively limited would be the sphere of action, were it not for this beautiful arrangement I am now endeavouring to explain to you, and how constantly would jars and concussions be referred to the shoulder joint. The value of these muscles is particularly illustrated by those artisans who have to wield heavy sledge hammers; take the blacksmith for instance, and observe with what power he is enabled to strike the heated metal. He does not derive this power from what have usually been described as the muscles of the shoulder joint alone, but is mainly indebted for the great strength and ease with which he performs these evolutions to the accessory power the joint thus derives from the arrangement of the scapula, and the influence exerted upon that bone by the *trapezius*, *levator anguli scapulae* and *rhomboid* muscles, and by which arrangement he escapes those shocks and concussions which his shoulder joint would otherwise inevitably encounter.

Dislocations of the shoulder are either complete, incomplete, congenital, simple compound, or complicated. But as the object of these lectures is rather to point out to you the phenomena of dislocation resulting from violence or accident, we will commence, if you please, with the consideration of simple complete dislocations of this joint. From the review of the anatomy of the part through which we have passed in this and the preceding lectures, you will doubtless have observed that there are situations in which dislocation cannot occur unless complicated with other mischief.

The motion of abduction being limited by the elbow striking against the thorax, the head of the humerus can scarcely be dislocated directly outwards through the deltoid muscle, or from beneath the acromion process of the scapula; neither can it be displaced directly upwards, as it there meets with the insurmountable obstacle presented by the coraco-acromial arch. Luxation backwards, or into the infra-spinatus fossa, though very rare, is by no means impossible. Sir A. Cooper mentions having seen two instances in a practice of thirty-eight years, but there are several cases recorded of this accident. The supra-spinatus and deltoid tend to prevent the head of the bone slipping directly forwards. Nothing, on the contrary, prevents dislocation downwards, and when the arm is raised from the side the deltoid may assist it in a very decided manner. The capsule, internally much thinner than in other situations, is only sustained by the tendon of the sub-scapularis muscle, which tends to push the head of the bone with great force towards the glenoid cavity when dislocation is likely to occur. When the arm is elevated to a right angle with the trunk, the axis of the humerus is very near the inferior border of the glenoid cavity. The deltoid, pectoralis major, latissimus dorsi, and teres major muscles, then become auxiliaries to the power of displacement, which, in point of fact, meets with no other opposition than that experienced from the capsule. Luxation downwards and inwards, therefore, may easily occur, and is consequently a very common accident.

Luxation in front occurs under two forms. First, the head of the humerus, arrested by the tip of the coracoid process and the capsular ligament, may remain with the groove or anatomical neck placed on the edge of the glenoid cavity. This accident has been described as an incomplete or sub-luxation of the humerus, by Sir A. Cooper, Messrs. Physic, Velpeau, Malle, Howship, Fisher, and other writers on this subject. In the other form, the head of the bone may be forced upwards and inwards, either above the tendon of the subscapularis muscle, or by that muscle being ruptured, and be fixed beneath the clavicle, although Petit has observed that the head of the bone can never be dislocated upwards and inwards, because the head of the bone is arrested by the coraco-brachialis, two heads of the biceps, and the coracoid process. Nevertheless, these accidents do occur, and occur frequently, although less so than in the direction of the axilla. M. Petit indeed placed too much reliance upon the power of muscles in preventing dislocations, whilst he appears to have overlooked how much the strength of a joint and its immunity from these accidents depends upon shape and the arrangement of the bony articulatory surfaces; for he observes, with reference to this subject, that those articulations which are surrounded by the

largest number of muscles are those which are luxated with the greatest difficulty; a theory completely overset by the greater frequency of this accident to the shoulder than to any other joint of the body. Most of the older authors have fallen into the same error; from not having had opportunities of examining the parts and judging from actual dissection, they were obliged to guess, indeed, as recently as the year 1810. Mr. Hey, of Leeds, than whom a better surgeon never existed, in his observations on surgery, lamented that the opportunities of dissecting the shoulder joint in a state of dislocation were so exceedingly rare. So rare were these opportunities, that Mr. Crampton, who has assisted materially in removing our ignorance upon this subject, states, in the third volume of the *Medico-Chirurgical Transactions*, that at the time Mr. Hey wrote his work on surgery, there was, he believes, but one case on record in which the actual state of the joint, in a recent dislocation of the shoulder, was described and delineated, and you will find that case recorded in the medical observations and enquiries for the year 1761, entitled *observations on a dislocated shoulder*, by Henry Thompson. We know from experience, that the muscles afford but little protection when taken by surprise. Mr. John Hunter justly observed, that when muscles were so taken by surprise, their force or power was then eluded, and he asserts, that before a muscle can put forth its full force, it must be in a state of preparation for action, and that this state of preparation must be produced either by the stimulus of the will conveyed by the nerves, or by mechanical or chemical stimulus applied or acting directly on the muscle itself. Hence we can easily understand how these joints, which, under certain circumstances are so easily dislocated, are capable of performing and sustaining the powerful actions which they constantly exert.

But dissection has proved that so far from preventing displacement, the muscles themselves are lacerated, thus rendering the accident more severe than was formerly supposed, but at the same time accounting for the unfortunate symptoms which sometimes result, and for which, were it not for these pathological researches, we should be at a loss to account. A great deal still remains to be done in this particular. Our knowledge upon this point still falls very far short of perfection, and I would seriously impress upon you the great benefit which you would confer upon the profession, and upon mankind in general, by availing yourselves of every opportunity which presents itself, of carefully examining the injured parts, and by imparting the results of these examinations to your professional brethren. It is not by isolated cases that we can any of us judge of disease or accident, let it be what it may; but it is only by collecting cases, and carefully studying numerous

facts, that we can arrive at anything like a just or satisfactory conclusion. In these lectures I have dwelt upon the anatomy of the parts perhaps more than you may consider necessary, but I have done so because it is absolutely impossible for you to understand anything whatever of these or other dislocations unless you are acquainted with this part of the subject, especially the action and arrangement of the muscles and the direction in which they exert their influence. You will then, I think, agree with me when I explain to you the various methods employed for the treatment of these accidents, that patients were exposed to unnecessary violence which might frequently have been avoided had our forefathers paid more attention to these points.

Some of the continental surgeons differ as to the directions in which the head of the bone can be luxated. M. Velpeau denies the possibility of a dislocation directly downwards into the axilla, and in our own country Sir A. Cooper limits his description to dislocations downwards and inwards. M. Malle, Professor of the Faculty of Medicine at Strasbourg, however, describes luxations directly downwards, which, according to him, may be either complete or incomplete. M. Sedillot also relates a case of luxation of the shoulder downwards directly beneath the glenoid cavity, in front of the scapula, but behind the *teres major* and *latissimus dorsi* muscles. The head of the bone in this case was thrown between the *teres minor* and *major* muscles, resting in front of the scapula and long head of the *triceps*. Desault, Velpeau, Boyer, and others, admit only of two forms of primitive luxation of the shoulder, namely, into the axilla, and on the *infra-spinal fossa*. According to these gentlemen, the other varieties are consecutive. M. Malgaigne, however, describes five principal dislocations of this joint. He says the most frequent is where the head of the bone lies beneath the coracoid process; he calls this the "sub-coracoid;" next, luxations inwards; luxations completely downwards, of which he had only met with the account of three cases; incomplete luxation below the coracoid process; luxation backwards, into the *infra-spinal fossa*, or what he denominates "sub-acromial." He completely rejects the idea of consecutive luxation from muscular contraction. Dupuytren also considers primitive luxations forwards as very rare, but he admits that they may occur. This disputed point, however, has been set at rest by Mr. Crampton, of Dublin, who has published a case of this variety of dislocation, which I will relate to you when we treat of these accidents.

CASES OF EPIDEMIC CHOLERA, TREATED BY TRANSFUSION.

By DAVID TORRANCE, Esq., Rugby.

[Read at the Anniversary Meeting of the Provincial Medical and Surgical Association Aug. 8th, 1844.]

It is known to many present, although perhaps not to all, that in the year 1832, when the Asiatic cholera was making its ravages in this country, the village of Newbold-upon-Avon, about seven miles from Rugby, was visited by that dreadful scourge. It continued its ravages in the village for about five weeks; the population at that time, including the strangers that were at work on the new cut of the Oxford canal, was 530, and out of that number 235 were attacked by the disease. It is with feelings of satisfaction that I am able to inform this meeting that the deaths only amounted to 21; my object at the present time, however, is to bring before the meeting the great benefit I experienced from transfusion. It was at the wish of my friend Dr. John Conolly, that I was induced to try its effects. During the time the epidemic was raging in the village, I was visited by most of the medical gentlemen in the neighbourhood, and amongst others, I was favoured with a visit from Dr. Conolly. On that day I had a great many cases under treatment, but only one that was not doing well—in fact, he was rapidly getting into the state of collapse. Dr. Conolly, on seeing him, said "I do not think you can save that man, but I wish you would try Dr. Latta's suggestion of transfusion, and the following is, from what I can recollect, the proportions of the mixture to be employed:—

Muriate of soda 2 drachms.

Carbonate of soda 2 scruples.

Two quarts of water at the temperature of 96°."

That was the mixture used in the first case. The following day I had a letter from Dr. Conolly informing me that the mixture ought to contain seven grains of chloride of potassium which was used in the other six cases.

CASE I.

Richard Bates, aged 40, married, an agricultural labourer, of sober habits, rather weakly in constitution, was seized about noon, with violent vomiting and purging of gruelly-looking matter, accompanied with severe cramps in the lower extremities; he had been ill about two hours when I was called to him. I did not use the lancet in this case, which I generally did when called in on the first appearance of the disease; but his pulse was so very weak that I did not deem it prudent to bleed although the spasms were most violent. I immediately gave him ten grains of calomel and two of opium, with some aromatic confection, and half an hour after, on ounce of the following mixture:—

Carbonate of soda 2 drachms.

Aromatic confection 2 drachms.

Aromatic spirits of ammonia 2 drachms.

Compound tincture of lavender 2 drachms.

Tincture of opium 1 drachm.

Peppermint water 7 ounces.

In three hours Bates had taken twenty grains of calomel, twelve grains of blue pill, five grains of opium, and four doses of mixture, and he also had several small quantities of brandy and water and beef tea. I had two or three people constantly employed in using frictions

with mustard and salt, but in spite of all my efforts, in five hours and a half from the time I saw him he was in a perfect state of collapse, pulse not perceptible at the wrist, but on applying the hand to the region of the heart, a sort of struggle could occasionally be felt; eyes sunk; features sharp; the body covered with a cold clammy sweat; all spasms now gone; the fingers very much shrivelled; the nails quite blue; the body stretched out and quite motionless. I now determined to try the effects of transfusion. Not having a proper transfusion apparatus, I fitted a blow-pipe to the tube of the stomach-pump. I then opened a vein in the right arm and introduced the blow-pipe, and by the time I had injected into the vein a quart of the mixture, the medical gentlemen that were present could distinguish the pulse at the wrist. By the time the three pints were thrown in, the body was becoming warm and the pulse much stronger, and when I had finished injecting the two quarts, the eyes, features, voice, and hands, had become quite natural, as well as the heat of the body, and he was able to speak loudly and tell us that he felt very much better. I then withdrew the blow-pipe and secured the arm, and ordered him the following pill:—

Blue pill	. . . . .	3 grains.
Ginger	. . . . .	2 grains.
Opium	. . . . .	$\frac{1}{4}$ grain.

To be taken every two hours, and a dose of the mixture an hour after each pill. Beef tea and brandy and water at intervals.

In about an hour the purging again returned, but no vomiting, and slight cramps in the arms and legs, and in four hours he was again in the state of collapse. I then opened a vein in the left arm, and injected into the system two quarts more of the saline mixture, which again thoroughly established re-action. The pills were ordered to be continued, and the mixture, beef tea, brandy and water, as before.

In two hours he was again slightly purged, accompanied by the cramps in the legs and arms, but no vomiting, and in six hours from the last transfusion he was again in the state of collapse. I then opened another vein in the right arm, and injected two quarts more of the saline mixture; re-action was again produced, and he was ordered to go on with his medicines as before. He had no further return of the purging or cramps, and from this time he gradually progressed without a single untoward symptom; the pills and mixture were continued till the motions were tinged with bile, and all he required afterwards was a saline febrifuge, with a mild and nourishing diet. It was more than thirty hours before he passed any urine.

CASE II.

John Smith, aged 40, an excavator, a very muscular man, but having the general failing of that class, being fond of smoking and drinking. He had been very drunk the night before, and was seized in the early part of the morning with violent and constant vomiting, and purging of watery stools, with slight cramps in the legs; he did not then call any assistance, as he was willing to think that the vomiting and purging were from the last night's debauch. The people with whom he was lodging were not aware that he was ill, till attracted to his room by his screaming, from the violent cramps in his legs, arms, and in his

bowels also. He had very rapidly got worse from his constant exertion of getting up. It was near seven o'clock in the morning when I was called to him; he was then suffering with violent cramps in the legs, arms, and bowels, very frequent vomiting, and the gruelly-looking matter constantly running away from him as he lay; body covered with a cold clammy sweat; breathing short and laborious; pulse 58, small, and very weak; tongue quite cold; breath felt cold; features very much shrunk; eyes quite sunk in their sockets; could only articulate in a whisper; fingers quite shrivelled; nails blue. I ordered him the calomel bolus, and a dose of the mixture, the same as prescribed in the preceding case, half an hour after, and small quantities of warm brandy and water frequently, with constant frictions with the mustard and salt, and heat to be applied. I saw him again at nine o'clock; vomiting and purging not quite so frequent, but the cramp still very violent, all the other symptoms much the same as at seven o'clock. Repeated the calomel bolus and the mixture half an hour after it, and at ten o'clock he was to begin the blue pill, as in the former case, taking it every hour, and half an hour after each pill two tablespoonfuls of the mixture, with a little brandy and water at times; the frictions and the heat to be persevered in.

At 1 o'clock I was hurriedly called to him, as the attendants thought he was dying. On my arrival I found him in the state of collapse. I immediately got my stomach-pump and blow-pipe, and had the mixture ready in a very short time. I then opened a vein in the right arm, and injected two quarts of the saline mixture, which produced complete reaction. To go on with the blue pill, mixture, and brandy and water as before, and to have a little beef tea at times. Between two and three he appeared to be doing very well, had no return of the vomiting, very little purging with slight cramps at times. At four o'clock the purging was much increased, and at five he was again in the state of collapse. I then opened a vein in the left arm and injected two quarts more of the mixture, which again produced reaction. Medicine, brandy and water, and beef tea to be continued as before; he appeared to be improving, and had very little purging. No other bad symptoms till about ten o'clock, when the purging became more frequent, and was accompanied with cramps in the legs and arms, and by eleven o'clock he was again in the state of collapse. I again opened a vein in the right arm, and injected two quarts more of the mixture, which had the desired effect of again producing re-action; to go on with the medicine, brandy and water, and beef tea, as before. From this time he continued to go on favourably, the medicines were continued till the motions became bilious, and afterwards he took a saline febrifuge with mild and nourishing diet. No urine was passed for forty-four hours.

CASE III.

James Thompson, aged 35, an excavator, of most intemperate habits, had been drinking very much the night before, (had been in the same company as Smith,) was seized between five and six o'clock in the morning with violent and very frequent vomiting and purging, and as he expressed himself, it was nothing but water that came from him; he had also slight cramps in the legs and arms, with a great feeling of weight at the pit

of the stomach; did not call any assistance then, as like Smith, he was willing to believe that it was only the effects of having drunk too much beer, and he was able for some considerable time to get up to relieve himself. The people where he lodged did not apply to me till near two o'clock in the afternoon, and as I was then particularly engaged with another patient, who I was fearful would get into the state of collapse, I sent him the ten-grain calomel bolus, and a dose of the mixture, the bolus to be given immediately, and the mixture in half an hour after, with directions to use frictions, with mustard, till I came. It was near four o'clock before I could get to him, and he was then in the state of collapse; no pulse to be felt at the wrist; body covered with a cold, clammy sweat; eyes sunk in their sockets; countenance, from being plump, looked sharp and haggard; hands and fingers quite shrivelled; nails blue; had not been able to articulate or swallow for the last half hour. I sent immediately for my stomach-pump, and by the time the messenger arrived with it, had the mixture all ready for transfusion. I then opened a vein in the right arm, introduced the blow-pipe, and by the time I had injected about half the quantity the pulse could be felt at the wrist very distinctly, and the surface of the body began to get a little warm. When I had injected the two quarts, he opened his eyes, stared about him, and asked in a most audible voice what we had been doing to him. I ordered him the blue pill, mixture, &c., as in the other cases. Half an hour after the transfusion he vomited a considerable quantity at one gush, was afterwards purged, the purging being frequently accompanied with cramps in the legs, arms, and bowels, and in three hours he was again in the state of collapse. I then opened a vein in the left arm, and injected two quarts more of the mixture, with the same good effects as at the first, and this time commenced with the calomel bolus and mixture, and in an hour after to be followed up with the blue pill, mixture, and brandy and water. No return of the vomiting or purging for about two hours, when he had several gruelly stools, accompanied with cramps; the motions became more frequent, and in five hours he was again in the state of collapse. I then opened a vein in the right arm again, and injected two quarts more of the mixture. Reaction was again thoroughly established, and from this time he had no untoward symptoms; the medicines, &c., were continued the same as in the other cases. He was rather more than forty hours before he passed any urine; he was able to return to his work in a fortnight from the first day of his attack.

CASE IV.

James Hill, aged 34, married, a slight made man, of intemperate habits, and tipsy and fighting the night previous to his attack. I was called to him about six o'clock, and found he had been seized about four in the morning with violent and constant vomiting and purging of watery stools, accompanied with severe cramps in the bowels, legs, and arms. I found the body covered with a cold clammy sweat, pulse 52, very weak and small, voice nearly gone, tongue quite cold, breathing very short and laborious, breath felt quite cold, hands and fingers shrivelled, nails blue; was making constant signs for something to drink. I then gave him the calomel bolus, mixture,

frictions, &c., as in the other cases; the vomiting and cramps were slightly relieved, but the watery motions kept gushing away from him at times; repeated the calomel bolus, &c.; the purging, however, continued, and by nine o'clock he was in the state of collapse. Having now got the proper transfusion syringe and tube, I opened a vein in the right arm, and introduced the tube, and had injected nearly three pints before there was the least symptom of reaction, but on completing the transfusion of the two quarts, reaction was then perfect; the pulse was quite distinct, firm, and good; the countenance, voice, and heat of the body, natural. Ordered him the blue pill, mixture, &c. In an hour after the transfusion there was slight return of the vomiting, with frequent purging, cramps again very violent in bowels, legs, and arms, and in two hours he was again in a state of collapse. I then opened a vein in the left arm; the veins being very small, I had considerable difficulty in getting the tube into the vein. I then injected two quarts more of the mixture, which again produced reaction. Ordered to go on with the medicine, &c., as before. Having experienced so much difficulty in getting the tube into the vein, and being fearful of another relapse, I determined to retain the tube in the vein. I therefore separated the elastic tube of the syringe from the tube that was in the vein, had a wooden plug made to fit, and secured it properly down to the arm, leaving a person that I could depend on to watch the arm; in about an hour the purging and cramps returned, but no vomiting, and in two hours he was again in the state of collapse. I then injected two quarts more of the mixture, being very careful in having the fluid at the mouth of the elastic tube of the syringe, and withdrawing the plug from the tube in the vein, and pressing a little of the thick treacly blood through the tube, and having the having the fluids at the mouths of the two tubes before attaching them, so that no air could be forced into the vein. He was ordered to continue the medicine, &c., as before; he went on favourably for three hours, when the purging and cramps returned, and in four hours he was again in the state of collapse. Having attached the elastic tube of the syringe to the tube in the vein two quarts more of the mixture were injected which again established reaction. The medicine, &c., were persevered in, and he continued for four hours without a single unfavourable symptom, but immediately after that he was again purged very much with cramps as severe as at first, and in six hours from the last transfusion he was in the state of collapse for the fifth time. I was obliged to be absent from the village for nearly three hours, and on making my way to this patient's house, I met Mr. Blanshard, of Welston, coming away from this patient; he told me that the man was dying, if not already dead, and that he did not think transfusion would be of any further service to him. Having seen the wonderful effects of it, I determined to give him a fifth trial for his life. Neither Mr. Blanshard nor I could distinguish the least pulse, nor any action of the heart; hands and fingers were very much shrivelled, and the nails very blue. When I had injected the half of the mixture, the action of the heart was slightly distinguished, and by the time that three pints were thrown in, the pulse became perceptible; and when the injection of the two quarts was completed, Mr. Blanshard, and several of the relations, who were standing by the bedside, were

quite astonished to see him open his eyes, and hear him ask for something to drink; reaction was again most completely established. In eight hours, as he had no return of the purging, but was favourably progressing, I withdrew the tube, it having been in the vein twenty hours; he continued gradually improving, and no untoward symptom presented itself till the evening of the second day, from the last transfusion, when he was seized with all the symptoms of congestion of the brain. I bled him twice a day for the next three days, taking about twelve ounces each time; the blood was highly inflamed, buffed, cupped, and puckered at the edges. He was also now blistered, and took a saline febrifuge with antimony. It was about fifty hours before he passed any urine; his recovery was gradual but perfect.

CASE V.

Ann Webb, aged 15, a slight delicate girl. About a week previous she had a very sharp attack of the cholera, but had perfectly recovered by taking blue pill, opium, and a stimulating mixture; when she was seized the second time, having some of the pills and mixture left, she had recourse to them, her parents not thinking it necessary to inform me at first; and by the time that I was called to her the purging and vomiting were incessant, and the cramps most violent. She appeared then to be rapidly sinking into the state of collapse, which she did in spite of all the stimulants we could administer, both by the mouth and friction. I opened a vein in her right arm, and very gently injected three pints of the saline solution, which perfectly restored reaction; she was then ordered to go on with the blue pill and mixture every two hours, and to take a little brandy and water and beef tea in the intervals. After the first hour the purging returned, with slight vomiting, and also the cramps in the legs, arms, and bowels; in four hours she was again in the state of collapse. I then opened a vein in the left arm, and gradually injected three pints more of the mixture; reaction was again established: this time I plugged the tube and left it in the vein, in fear of another relapse. For two hours there was no return of the vomiting, purging, or cramps, but soon after that time slight purging, with cramps in the legs and arms, came on, and in six hours she was again in the state of collapse. I had this time to inject the whole two quarts, before reaction was properly established. She was then ordered to continue her medicines, brandy and water, and beef tea as before. She went on from this time till the third day without an untoward symptom, when she had all the symptoms of congestion as in the case of Hill. The first day I bled her twice, taking ten ounces each time; the blood was very much cupped, buffed, and puckered at the edges; she was also blistered on the spine, and had a saline febrifuge, with very small doses of antimony. The second and third day she was bled once only, the blood being still highly inflamed; her medicine was continued. From the third day she gradually improved; her recovery was much more rapid than Hill's. It was rather more than forty hours before she passed any urine.

CASE VI.

William Lampit, aged 38, an excavator, a very muscular, powerful man; had only come to the village the

day previous to his being seized, and was quite drunk at night. When I was called to him I found he had been ill for several hours, with violent purging and vomiting, accompanied with very severe cramps in the bowels, legs, and arms, and in spite of the large doses of calomel and opium, and the stimulating mixture with brandy and water, he was very quickly in the state of collapse. I opened a vein in the right arm, and injected into the system two quarts of the saline mixture; reaction in this case was so complete, that he said he felt quite well, and asked some of his companions for a chew of tobacco. We had some difficulty in persuading him to remain quiet in bed, although a quarter of an hour before, neither pulse nor action of the heart could be distinguished, the eyes were sunk in their sockets, and the countenance had that pinched appearance denoting death, the body was stretched out, and covered with a cold clammy sweat, the hands and fingers shrivelled, and the nails quite blue. Reaction in this case being so complete that I did not anticipate another relapse, I withdrew the tube from the vein, and ordered him to take the blue pill, opium, and mixture, as the others. The first hour he had no return of the vomiting or purging, but continued very comfortable, but very soon after, the purging with slight vomiting and cramps returned, and in three hours he was again in a state of collapse; the veins in the left arm were so small and deep-seated that I could not get the tube into any of them, I was therefore obliged to open a vein in the right leg, near the outer ankle, into which I injected three pints of the saline mixture, when reaction was again completely established. I this time left the tube in the vein in case of another relapse; reaction was as perfect this time as the first, as he kept talking and joking with his companions very soon after the transfusion was completed. The first two hours he kept gradually improving, but very soon after the purging and cramps returned, but no vomiting. In five hours he was again in the state of collapse; this time I was obliged to inject the whole of the two quarts before reaction was properly established. From this period he had no return of the purging, vomiting, or cramps, and he went on gradually improving till the fourth day, when the symptoms of congestion made their appearance. He had considerably more stupor than either Hill or Webb, was constantly sleeping and snoring, and it required considerable exertion to rouse him. I bled him twice the first day to the extent of sixteen ounces each time; the blood was very much cupped, buffed, and puckered at the edges. He took the saline febrifuge, with small doses of antimony, and was blistered on the spine. The next day he was very much better. Contrary to my orders, some of his companions were allowed to see him, and they carried him from one room to another; and I have no doubt they had also been giving him spirits to drink, as the following morning the symptoms of congestion were as bad as ever; I bled him again that day twice, taking sixteen ounces each time; the blood was as much inflamed as before. He was blistered on the chest, and his medicine, &c., continued. The following morning he was again bled to the same extent, the blood as before, and his medicine, &c., continued. He expired in the evening, the ninth day from his seizure.

The following morning I made a *post-mortem* examination. On removing the skull we found the veins

on the dura-mater completely gorged with very dark treacly blood; the sinuses were also gorged; the substance of the brain and cerebellum was healthy; no extra fluid in the ventricles. On laying open the thorax we found the right lung with the exception of a portion the size of the palm of a small hand, completely hepatised, and the pleuræ firmly adhering together, so that it required the scalpel to separate them; the left lung was quite healthy and rather above the usual size; the heart natural and healthy; the stomach, liver, spleen, and all the abdominal viscera were quite healthy, with the exception of the kidneys which were flabby, and the bladder which was very much shrunk.

CASE VII.

Daniel Flake, a slight made man, an excavator, came to the village in the evening, and passed the night in a hovel; was seized during the night, but did not know the time, with very violent and incessant purging of gruelly matter and severe cramps all over him; had been ill some time when he was discovered by chance, and there was a great deal of time lost in getting him carried to a place that had been fitted up for an hospital. By the time that I was called to him he was in the state of collapse. From the result of the three last cases, I had determined not to inject so much as two quarts at a time, if reaction had at all commenced, at all events to stop when the pulse could be distinctly felt at the wrist; I also determined to try the effect of keeping the heat of the mixture up to 108°. I opened a vein in the left arm, and very gradually injected three pints of the mixture, at which time the pulse was quite distinctly felt at the wrist. I then withdrew the tube and bandaged up the arm, and ordered him the pills and mixture as in the other cases. After the first hour he had a return of the vomiting and purging, with the cramps in the legs and arms, and in two hours he was again in the state of collapse. I then opened a vein in the right arm, and gradually threw in three pints more of the mixture, when the pulse again could be distinctly felt at the wrist, reaction being perfectly established; this time I plugged the tube and left it in the vein; to go on with the medicine, &c., as before. After the first hour he had a return of purging, but no vomiting nor cramps; in three hours he was again in the state of collapse. I then withdrew the plug from the tube in the vein, and began to inject gradually, and by the time I had injected a quart of the mixture reaction was quite perfect, the pulse being distinct and good at the wrist. I then plugged the tube and secured it as before, and ordered him to go on with his medicines, &c., and he went on comfortably for three hours, when the purging returned, accompanied by slight cramps and in four hours he was again in a state of collapse. Once more I had recourse to the transfusion, injecting very gradually, and by the time I had thrown in a quart reaction was again properly established, the pulse being distinct. From this time he kept progressively improving, the medicines were continued till the motions were tinged with bile, the tube I allowed to remain in the vein eight hours after the last transfusion; he recovered without a single untoward symptom. All he required after the liver began to act was a little castor oil. It was about forty hours before he passed any urine.

CASE OF ENORMOUS STEATOMA, REMOVED FROM THE SHOULDER.

By EDWARD DANIELL, Esq., Newport Pagnel.

Mr. Marshall, a farmer, of Cranfield, Bedfordshire, applied to me in the spring of 1840, complaining of pain and uneasiness in a large tumour, which had existed for thirty years, and occupied a space commencing from the top of the shoulder, running over the deltoid muscles, dipping slightly into the axilla, and stopping about the middle of the humerus. As it appeared to be purely steatomatous, I should have advised him not to interfere with it, but it was so exceedingly painful at times, that his rest was disturbed by it, and it prevented him from lying on the affected side. About the centre of the tumour was a red spot, upon which he could not bear the slightest pressure, and what appeared to me as rather a singular feature in this case, was, that precisely under this red spot was a hard substance, as though an extraneous body had been introduced into it. I recommended him at once to submit to an operation, which I doubted not would be successful, and that medical treatment even, to allay pain, would be wholly nugatory. By my advice he consulted my friend Mr. Harris, of Bedford, and the opinion of Dr. Witt was likewise taken. Each of these gentlemen corroborated my views, and on the 16th of June he took lodgings in Newport, and I performed the operation in the presence of Mr. Harris, and Mr. Thurnhill, House Surgeon to the Bedford Infirmary, and five of my medical brethren residing in Newport and the neighbourhood.

The tumour was removed in two minutes and a half; it was as usual in these cases, a mass of fat, but on opening it, was discovered to have in its centre a deposit of bony matter—a complete ridge of ossific deposit, of about three inches in length. The tumour weighed two pounds and a half, entire, and as many little portions of fatty matter were taken away after the removal of the bulk, it is fair to infer that the whole tumour was little short of three pounds. It was only necessary to pass a ligature round the main vessel, which might perhaps be about the thickness of a crow-quill. The patient did well, and has not suffered in the least since the operation.

I must here express my obligation to Mr. Harris for his very valuable assistance in the operation.

CASE OF WARTY EXCRESCENCE NEAR THE VERGE OF THE ANUS.

By EDWARD DANIELL, Esq., Newport Pagnel.

A deaf and dumb girl, about 15 years of age, came under my care with a warty excrescence growing on each side of the anus; it extended over and filled up the fossa made by the buttocks, and resembled, when those parts were drawn aside, a large orange which had been cleft in twain. From close examination I felt satisfied that it had no kind of connexion with the interior of the rectum, but that it was purely a diseased growth, wholly cuticular. Small tumours of a similar description were attached to the eyelids. Mr. Rogers and Mr. Collison saw the case with me, and in the course of their practice they had not met with any analogous case. They entertained the same opinion as myself, namely, that it was not malignant, but simply

an excrescence emanating from the skin itself. As the base of the tumour on each side was equal to its surface, I determined to try the effect of a double ligature, employed in the same manner as for common nevus, but only on one side at a time. Sloughing followed this operation, but in so small a degree that I saw at once the plan would fail, and therefore resolved to remove the growth by dissecting away the whole of the diseased skin, not only under the tumours, but round about them. The success was perfect; there has been no return whatever of the disease. The girl has now arrived at full puberty, the catamenia are established, and the eyelids are free from excrescences. Had the absence of the catamenia in the first instance anything to do with the formation of these excrescences, and does the present regularity of this discharge tend at all to prevent their growth?

ON THE USES OF PURE TANNIN.

By ROBERT DRUITT, Esq., London.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As I am sure that every medical practitioner is glad to be provided with a new remedy, or with a simple and elegant form of an old remedy, I make no apology for calling the attention of your readers to the useful properties of the *tannic acid* or *tannin*, in a state of purity.

This, I need hardly say, is the principle to which oak-bark, catechu, and other vegetable astringents owe their properties. In my observations upon it, I wish to lay claim to no originality; but merely to call the attention of practical men to a remedy, which I have found useful myself: and I do so because I believe that it has not yet obtained the general and extensive employment which it deserves.

In any case, then, in which a vegetable astringent is indicated, I believe that the tannin ought to have the preference. A simple solution of it, in distilled water, is much more easily and quickly prepared, as well as much more elegant, than the ordinary decoctions or infusions of oak-bark, catechu, &c.; moreover, it may be prepared of uniform strength, and free from foreign inert matter, and is not liable to decompose quickly; in fact, it has all the advantages which the other simple vegetable principles have over crude preparations from the herbs or extracts in which they are contained.

The cases in which I have employed it, are sore nipples, excoriations about the anus and scrotum, piles, leucorrhœa, atonic phagedenic sores, toothache, aphthous sores in the mouth, severe salivation, and relaxed sore-throat. I have never given it internally, although I should think it an admirable remedy in menorrhagia and hæmaturia.

For sore nipples especially, I have found it invaluable. Every accoucheur knows what a source of wretchedness and illness these are to the young mother, and how difficult it often is to find a decisive remedy; but I have never been disappointed in the use of tannin, except once, in a neglected case, with deep irritable cracks, for which it was necessary to use the lunar caustic. The tincture of catechu was lately much praised in these cases, by a writer in the *Lancet*, but it is not to be compared with the tannin in neatness and

elegance. It certainly is an advantage to use a remedy that will not stain the linen, nor be otherwise disagreeable. The form which I employ is a solution of five grains in an ounce of distilled water; this is applied to the nipple on lint, covered with oiled silk.

For the itching excoriations about the anus and scrotum, which so much infest old men, I have used it with benefit, but prefer lemon juice as a local application. For piles, with mucous discharge, I have also found it of use, but cannot say much on this point from my own experience.

In obstinate leucorrhœa, I have used it as a vaginal suppository; ten grains being made into a mass, with tragacanth, and introduced and allowed to dissolve. But in this disorder I believe alum and the other mineral astringents to be of more service; and that in many cases, such treatment as will reduce a swelled and congested uterus, is of more consequence than any mere local application.

In one or two cases of lingering atonic phagedena, I have found it of some service, sprinkled thickly on the sore; but more particularly so in those aphthous ulcers which sometimes occur in the mouths of adults, from acidity of the stomach, and congestion of the liver. I may say that I believe it the best possible remedy for severe salivation, and for all cases of relaxed sore-throat attended with superabundance of mucus. It coagulates the mucus and enables the patient to get rid of it easily. Of course I do not use it to the exclusion of constitutional remedies; but of all the local means of making the mouth comfortable, I believe it to be the best.

But of all the cases for which it is adapted, that common troublesome complaint toothache is that in which I believe it is most to be depended on. For this piece of useful knowledge I am indebted to my friend Mr. Tones, and I have tested it by ample personal experience. It will often be found, as Mr. Tones told me, that the gum around a carious tooth is in a spongy, flabby condition; a little piece of it perhaps growing into the cavity. The ache too is often quite as much in the gum as in the tooth itself. But, be this as it may, when the tooth aches, let the patient wash out the mouth thoroughly with a solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbours, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastic, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten. I think that practitioners are to blame in not paying more attention to the cure of toothache; I am convinced that in most cases it is as curable as a colic or a pleurisy; the chief points being to open the bowels, and put the secretions of the mouth in a healthy state, and to apply some gentle astringent and defensive to the diseased tooth till it is capable of being stopped by some metallic substance. I say emphatically a *fine* lancet, because the coarse, round, blunted tools that are generally sold under the name of gum-lancets, only bruise the gum, and cause horrible pain. The lancet which I use is sickle shaped, cutting on both edges and finely ground; and if guarded with the middle finger of the right hand, it may be used in the case of the most unruly children without any possible ill result.

If you think that the above remarks will afford any

useful suggestion to your readers, I shall be obliged by your inserting them; and with the hope that it will be long ere the general practitioners of England abandon THEIR OWN Journal, or entrust their interests to editors and publishers over whom they have no control.

I am, Sir, your most obedient Servant,
ROBERT DRUITT.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 9, 1844.

The attention which we have felt obliged to give to the important subject of the proposed changes in the constitution of the medical profession, has rendered it impracticable to notice several other questions which, nevertheless, require occasional remark to keep them prominently before the Association. Among these subjects there are two which especially relate to the private and individual welfare of medical practitioners—we allude to the Benevolent Fund of the Association, and the proposed establishment of a school for the sons of medical men. While we are contending for our public and corporate rights, we should deeply lament were either of these admirable objects to be lost sight of. It is with much gratification, therefore, that we have seen our valued associate, Mr. Newnham, endeavouring to place the claims of the Benevolent Fund to the support of the members of the Association in such a point of view as cannot fail, we think, to induce a larger number to contribute towards it, and more efficiently also than has hitherto been done.

We are not among those who are disposed to advocate the setting apart of a portion of the funds, contributed to the Association for other purposes, to this object; nor would we wish to see a forced subscription from every member. The fund, as Mr. Newnham has well shown, is purely a benevolent one; and charity, in its best and holiest sense, ought to be spontaneous—an unconstrained gift, springing from those principles of good-will towards our fellow men, which it is the glory of Christianity to inculcate, and the privilege of the Christian to be influenced by. Anything approaching to compulsion in the exercise of this principle, not only detracts from the purity of the offering, and places the recipient of the benefit in a position which cannot be otherwise than repugnant to his already wounded feelings, but is also to the same

extent opposed to the very essence of the religion which we profess to reverence, and the dictates of which we ought ever to follow.

There is no natural opposition between the Benevolent Fund of the Association, and those excellent local institutions which are established in many parts of the country, and which have been the means of much good to such of their members and their families as have stood in need of assistance from them. We are desirous of seeing these local societies more widely extended and more generally supported. The principle on which they are founded is good, and the more fully it is carried out the greater will be the benefit which will accrue from the judicious administration of the funds so raised. These Local Societies however, can never meet the cases so urgently calling for relief from an institution of a different description—an institution which is purely benevolent in its character, and which, to the extent of its means, professes to relieve distress wherever it is found.

We say then, to the provident, or to those who can with a just regard to the present wants of their families, afford to be provident:—Become members of a Local Provident Institution. It is a clear duty to endeavour to provide against the day of sickness or unforeseen calamity which may find yourselves and your families in a condition, as far as worldly circumstances are concerned, rendering it necessary to have recourse to such a provision. Upon still higher motives it is also equally a duty, though perhaps not likely yourself to require such a resource, to unite with others in guaranteeing mutual assistance to those among you who may be less favourably situated. But we intreat all who are blessed with a superfluity of this world's goods, and all who can spare from the proceeds of their exertions even the smallest sum, to look well at the claims which the Benevolent Fund of the Association, as a purely charitable institution, has upon their consideration, and to reflect that were that fund commensurate with the demands made upon it, no case of destitution—no case of suffering to be alleviated by pecuniary assistance, could occur among the members of our profession without meeting with attention, receiving such investigation as the circumstances might call for, and benefitting by relief judiciously and appropriately administered.

BIRMINGHAM PATHOLOGICAL SOCIETY.

August 3, 1844.

FREDERICK RYLAND, Esq., in the Chair.

ALBUMINURIA; GRANULAR KIDNEY.

Dr. Fletcher presented to the Society two kidneys in the third stage of granular disease, which had been taken from a female patient, aged 54, whom he had attended with Mr. Harman. He first visited her April 18, 1844, when she was delirious, and suffered from many symptoms of hysteria; pulse 70, feeble; head hot; right arm somewhat torpid in its motions. She said she could not move it, though she had been observed to do so. With the exception of the heat of the head no symptom of disease of the brain presented itself. The organs of the chest presented no signs of disease upon physical examination; nor did any of the organs of the abdomen. No œdema of the face or extremities. The urine was described as scanty, but none could be obtained; a small quantity was afterwards obtained, when it was found to be strongly coagulable, that is to say, the precipitate, after allowing the urine to stand twenty-four hours after heating, occupied half the volume of the fluid. The case was regarded as a pure case of albuminuria. Six leeches were ordered to be applied to the head, and a third of a grain of elaterium, with two grains of calomel, and five of extract of hyosciamus, every third day.

April 21. The leeches were said to produce a great deal of debility. The elaterium acted freely upon the bowels. To continue the elaterium.

May 1. The intellect became clearer; the general state of the patient remained the same; sickness and vomiting occasionally complained of, for which small doses of hydrocyanic acid in camphor mixture, were recommended, and occasionally small doses of sesquicarbonate of soda and tartaric acid, in a state of effervescence. The elaterium to be continued less frequently, about once a week.

She became comatose, sank, and died in the beginning of June; slight œdema of the legs having occurred for a short time, only about a week, previous to her death.

Post-mortem examination about thirty hours after death.—Head not examined; contents of the chest and of the abdomen healthy; kidneys large, pale, and granular in the third stage; uterus and bladder healthy.

SCIRRHOUS PYLORUS.

Dr. Fletcher then brought before the Society a specimen of scirrhus contraction of the pylorus, to the extent as only to admit a swan's quill to be passed through it. The specimen was taken from the body of Mrs. Ward, a dispensary patient, March 29, 1844.

Dr. Fletcher said the history of the case may be summed up by saying that all of the symptoms of obstruction at the pyloric orifice existed with great distention of the abdomen, particularly below the left hypochondrium, where the great curve of the stomach could be distinctly recognised by its distended figure through the emaciated parietes. The disease progressed, ascites came on, and she died in the commencement of June.

Post-mortem examination. About thirty hours after death.

Head not examined. Contents of chest healthy.

Abdomen. Stomach distended, so as to be equal to contain considerably upwards of a gallon of fluid. Pyloric orifice thickened and contracted, so as to just allow the point of the little finger to pass into it. Intestines contracted. Liver small and flabby. Pancreas healthy. Spleen healthy. Kidneys, ureters, and bladder healthy. Uterus. Fibrous tumours in its walls, the right ovary enlarged to the size of an orange, and scirrhus; left rather enlarged and scirrhus.

STRICTURE OF THE ŒSOPHAGUS.

Mr. Elkington exhibited a specimen of stricture of the œsophagus, situated opposite the larynx, which had been sent for presentation to the meeting by Mr. Nason, of Nuneaton, who said that it was taken from a female, about 70 years of age, who had suffered from difficult deglutition for the last two years of her life, and for a very much longer period from dyspeptic symptoms. During her treatment, Mr. Nason frequently passed bougies, and she also had bougies passed at the Queen's Hospital, where she was a patient for a time. Towards the close of the case the smallest bougie could not be passed, and the patient died from inanition. The body was not permitted to be examined beyond the throat.

ON THE PROVISIONS OF THE NEW
MEDICAL BILL.

LETTER FROM DR. BROWN, OF SUNDERLAND, TO
DR. FORBES.

[We are indebted to Dr. Forbes for the following sensible letter, and have much pleasure in laying it before our readers. Like everything that comes from the pen of Dr. Brown, this communication contains sound and clear views, and is deserving of attentive consideration.]

Sunderland, September 25, 1844.

MY DEAR FORBES,—

I have paid some attention to the "Medical Practice Bill," and the result of this attention is much at your disposal. I have already expressed to you my general opinion of the bill,—that it contains so much that is good, that it ought not to be opposed as a whole by the profession; but this by no means amounts to a declaration in favour of all its parts, or that all is in it which ought to be found there.

Let us first look at the formation of the Council of Health, as set forth in clauses from the second to the eleventh, inclusive. This council will consist of eighteen members, of whom, on its first formation, thirteen will be appointed by the Crown, and the other five will be Regius Professors. In five years, six members, appointed by the Crown on behalf of the Colleges of Physicians and Surgeons will have gone out of office, and have been replaced by parties, said to be *nominated* by the Colleges, whom her Majesty shall have approved of, not necessarily by those whom the colleges shall have deemed most eligible; whilst the five Regius Professors are permanent, and the six other members appointed by the Crown continue to be mem-

bers during her Majesty's pleasure, in other words are permanent, too; and this system of rotation in the six members, nominally elected, and fixity in those appointed by the Crown, will be the main principle in the constitution of the council. It appears to me that the veto on the part of the Crown (see clause five) to the six members nominated by the Colleges, and the direct appointment of twelve members, the Secretary of State included, by the same authority, for I cannot be wrong in considering the Regius Professors as Crown appointments, leave to the profession, or the bodies, (the colleges,) which alone can in any sense be said to represent them, scarcely the shadow of a shade of influence in the formation of the council by which they are to be governed.

As we continue our examination, we find (clause 7) that members are to be dismissed from the medical council for "notorious misbehaviour or unfitness," by her Majesty, with the advice of her Privy Council; that (clause 8) secretaries, clerks, and messengers are to be appointed, with the approval of one of her Majesty's principal Secretaries of State; that (clause 10) the said Secretary of State shall be president, and nominate the vice-president of the council. When we look at all the circumstances I have enumerated, and consider, moreover, that the six members most directly nominated by the Crown, may all of them be laymen, or in other words, non-professional persons, it must be manifest how small is the amount of power given to the profession for making the measures in which they are so deeply interested!

I admit that to have one of her Majesty's principal Secretaries of State the head of our profession, and to have the profession itself virtually a department of the state, are circumstances not without their dignity. But may we not pay too dearly for dignity? Though holding the opinion that a profession like ours, on which the well-being of the community is so much dependent, merits, and should enjoy, the protection of the state, yet the complete subordination of the profession to the ministry, and the intervention of the latter in its whole executive department, granted by the present bill, appear to me to resemble too much the care taken by a parental (parental over much) and despotic Government, such as Austria, to be consistent with our Anglo-Saxon, self-governing notions. The profession runs the risk of being like certain children, spoiled and enfeebled by over-coddling and over-nursing. When we discover that only by the favour of the Court is place and honour to be obtained—that "*et spes et ratio studiorum in Cæsare tantum*," is there not a risk lest some of the best minds among us should seek for advancement rather from Court, or, more properly speaking, ministerial patronage, than from that sedulous attention to professional pursuits, which alone can procure for us the esteem of our brethren, and ultimately that of the public?

Having urged so many objections to the formation of the council, it may reasonably be enquired of me what amendments I would suggest in its constitution? It appears to me that were the "six other persons whom her Majesty with the advice of her Privy Council, shall deem fit to be Members of the said Council," mentioned in clause 2, instead of being nominated by the Crown, elected by the members of the profession resident in the provinces of the three

countries, two each by England, Scotland, and Ireland, then that the government of the profession would be framed upon principles similar to those of other institutions of the empire. The Crown would be represented by the Regius Professors of the Universities, which would preserve our connexion with the state; the Colleges of Physicians and Surgeons of England, Scotland, and Ireland, and the medical men resident in London, Edinburgh, and Dublin, in which these colleges are situated, would be represented by the members of the Council, elected by these colleges, according to the Bill, as it now stands, whilst the portion of the profession residing in the country (by much the largest portion be it remarked) would not be entirely neglected as they are by the Bill in its present state.

It will be obvious that along with this popular modification in favour of the representative system, the Colleges should have the absolute right of making their election of members to the Council; that the Government should not interfere, as it is now proposed that it should do. Should the profession in the capitals deem that they are unequally dealt with, inasmuch as in the case of provincial practitioners, the representation will be direct, in their mediate through the Colleges, the privilege of voting, in common with their provincial brethren for the six members, whom it is proposed to transfer from the nomination of the Crown to popular election, might be extended to them, the Colleges still sending *their* members as already proposed.

Considering the functions of the Council, there can be no doubt that it ought to consist entirely of medical men, and it may be reasonably questioned, whether the honour of having one of her Majesty's principal Secretaries of State enrolled among its members, and acting as its president, might not be counterbalanced by certain inconveniences resulting from the discharge of these duties by this exalted personage.

Clauses from the 13th to the 25th inclusive, contain very much valuable matter on the registration, classification, and education of the profession. Here I find a great deal to praise and little or nothing to censure. They constitute the body of the Bill; and were I to endeavour to characterize the Bill in succinct terms, I should say, it had a bad head, and a defective tail, but a good body. Beyond bearing testimony to the great merit of this portion of the Bill, the only comment I shall offer on it refers to clause 18, where I find these words: "Every person registered after examination as a physician or surgeon under this Act, shall be admitted as an *Associate* of the Royal College of Physicians, or a *Fellow* of the Royal College of Surgeons, &c." Why should this discrepancy exist? Why should not the two classes be in the same position as the Colleges to which they are respectively related? I cannot conceive that a good reason could be assigned for this difference, and it certainly ought to be corrected.

The concluding clauses of the Bill, from the 26th to the 31st, inclusive, comprise the privileges conferred exclusively on the educated and registered, and the penalties attached under certain circumstances to the unqualified and unregistered practitioners. These clauses are all in the right spirit and the right direction; whether they proceed sufficiently far in this direction is a question which we may have occasion to

consider. The 26th clause reserves to the registered all *public* medical appointments, the Council being empowered to specify from time to time what institutions are to be considered public. It is very supposable that this portion of the duties of the prospective Council may some day bring them into collision with parties who may question the accuracy of their definitions, and fancy that the distinction between "public" and "private" has not been clearly discerned. But I think that the Council may be safely left on this score to the protection of their own perspicuity, and the ample powers conferred by the Bill. The 27th clause exempts the registered, and the registered only, from certain municipal and parochial offices, which might prove onerous, and declares that the certificate of an unregistered person shall not "be received as the certificate of a medical or surgical practitioner in any court of law, or in any case in which by law the certificate of a medical or surgical practitioner is required. This is the amount of privilege, or rather of right, bestowed on the legally qualified members of the profession, by the Bill, and I do not know that more could be done, *unless it had conferred upon them the exclusive privilege of treating disease.*

When we proceed to consider the penalties annexed to illegal practice, we find (clause 29) that every person who shall be appointed to any medical or surgical office for which he is not qualified by the Act and the provisions of the Council, and who shall act in such, shall forfeit the sum of £20 for every such offence; that unregistered persons (clause 30) cannot recover any charge for surgical or medical attendance, &c., in a court of justice; and finally, (clause 30) that unregistered persons shall be deemed to be guilty of a misdemeanour, and shall be punished by fine, imprisonment, or both, should they pretend to be registered "under this Act."

These are clauses, especially the 29th and 30th, of considerable force and stringency, and certainly such as must effectually prevent the unqualified from all interference in practice of a public description. I feel confident that the author (or authors) of the bill, had in fact the intention by these penal statutes and registration conjointly, so effectually to discourage irregular practice, as to abolish it entirely; indeed it is impossible to suppose that parties so convinced, as this bill shows them to be, of the great benefits likely to accrue to the public from the services of a highly qualified body of medical men, should not have been anxious to make the benefit which they very properly secure to the inmates of the hospital and parish pauper, universal.

But with all due submission, I venture to suggest, that the parties have not been well acquainted with the state of practice at present in the country, or clearly foreseen the effect which the repeal of all penalties on private irregular practice, without the constitution of others in their place, must have. That it will lead to a great growth of such practice I feel convinced. It may be argued that there is much of this practice in spite of the penal clauses of the Apothecaries' Act, and that the convictions under this Act are few. This is true, but it is likewise true, that in spite of the penal enactments against felony, much felony exists in this country, much that is never detected, and not a little, which, when detected, escapes punishment from

flaws in indictments and other such matters, as has sometimes happened in cases of prosecution by the Apothecaries' Company. But does any one therefore doubt of the repressive effect of penal enactments on felony? In the same way, the Apothecaries' Act, although much irregular practice has taken place in spite of it, has prevented much. I think it then due to the public and the profession, that a penalty should attach to those, who, not being duly qualified and registered, shall practice medicine or surgery, whether this be in private life or in public institutions. The clause, however, awarding the penalty, should be so framed, that the reasonableness and justice of it should carry public feeling with it, not array it against it. Were it so framed as to attract scrutiny and punishment to small matters, such as the dose of rhubarb which the chemist half sells, and half prescribes, behind his counter, the clause would disgust the public by its *smallness*, and a portion of this disgust would fall on the profession, which would get the credit of having instigated such petty legislation. According to the maxim, too, "*de minimis non curat lex*," such legislation would be beneath the dignity of the law. No! the penal clause should be levelled at clear and manifest acts of medical or surgical practice, carried on at the houses of patients, and a process of summary conviction before a bench of magistrates, would be at once the most effectual and most lenient mode of checking such practices.

I remain, dear Forbes,

Yours very truly,

J. BROWN.

To Dr. Forbes.

THE BENEVOLENT FUND.—LETTER III.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In my last letter I argued so much on the existing test of *membership* in the local funds, that perhaps I shall be asked for some proof that the kind intentions of those societies are confined to the very limited circle of their own members. I therefore extract from the rules before me, that the fund is established "for the benefit of *indigent members* of the Society, *their widows and orphans*; that these *members shall be elected*; that each candidate for *membership* must be recommended by two other *members* of the Society in writing; that he shall be proposed at one meeting, and balloted for at the next, when a majority of three-fourths of the *members* present shall be necessary to his election; that every *member* shall pay a fine on admission, and an annual subscription; that every *member* having paid his subscription for twenty-five years, shall be considered a member for life; that every *member* having allowed his subscription to fall into a certain extent of arrear, shall *ipso facto* cease to be a *member*, and the previous subscriptions shall be forfeited; that the widow, and the children of *deceased members*, who have died leaving their families in very destitute circumstances, shall be entitled to relief; and that any *member* incapacitated for attending to his business through sickness or infirmity shall be entitled to such relief as may be consistent with the state of the fund.

Enough however has been adduced to show that the aid of the local funds is confined to *members* and their families; that their numbers are necessarily limited by circumstances; and that under these circumstances the constitution of the local funds leaves untouched the great mass of professional destitution.

It is not that I disapprove of these rules, though I hope presently to show that great improvement may be made in the local funds; all I wish to prove is, that they are limited in their nature; inadequate to the relief of the large sum of human misery before them, *by their constitution*; and that consequently, were local funds distributed throughout the length and breadth of our land, a benevolent fund would still be *necessary for the relief of at least seven-eighths of professional suffering*.

Another objection against the local fund is, that a member may lose his membership by the very circumstances which will entail upon his family the largest amount of misery, viz., his decreasing income and diminishing power of keeping his subscription paid, and where then are they to look for relief but to a benevolent fund?

Again, the local fund makes no provision, even among its members, for certain great misfortunes. It is true that sickness and infirmity may be relieved by temporary and immediate aid, provided that aid does not exceed the sum of twelve pounds; but this law provides no relief, and contemplates no relief, for temporary pecuniary embarrassment—for family sickness and misfortune—from any of the thousand collateral ills “which flesh is heir to,” and which can only be adequately relieved by the untrammelled hand of the Benevolent Fund.

Thus defined by geographical lines—thus limited by tests of membership—and restricted to some only of the various forms of misery, it is impossible that the local charities can ever supply the place of the Benevolent Fund.

One other objection against the local fund, is, that relief can only be voted at a *General Meeting* of the members, except in urgent cases of distress, such as above mentioned, where the relief is confined to one form of misery, and limited in extent. It would seem, however, by the 31st rule, that the *same amount of relief* may be given in other cases of manifest and urgent distress.

Now I would suggest, in taking leave of this subject, that the ideas of the Benevolent Fund, and the local fund, should be kept, as they are in fact, entirely distinct from each other; that every individual should contribute to the former according to the full extent of his ability, and thus enable it to relieve in some happier measure the extent of want, and misery, and destitution, which really exists among our professional circles, but which delicately avoids the light and shrinks from the gaze of publicity.

Then, as to the local funds, let them also stand forth in their just characters, and let their system be improved; let them, if you please, take the name of amicable societies, each forming a county district branch of one *Great National Institution*, where the energies of such society shall be developed by union and corporation, and by bringing into play those great laws which can only be efficiently and successfully acted upon, upon a large scale; where every kind of contin-

gency may be provided for upon principles of just calculation; and where each contributor shall feel himself ennobled by himself providing for those cases of suffering and sorrow, and old age and widowhood, which are now partially dependant upon the aid of charity.

In order to effect this object, we must not have a number of small *independent* associations; anybody at all conversant with the management of such institutions is aware, that their success and stability are dependent upon their calling into action upon a large scale, the laws of probability, which govern the duration of life, the number of married persons and bachelors, of widows and children, which arise in society; and upon the deviations of these laws in one small society, being corrected by antagonist deviations in another small society, and thus forming a just aggregate upon which calculation may be grounded. Whereas, on a small scale, if successful in Surrey, it will be unsuccessful in Northamptonshire, and for ever and for ever local circumstances will arise, which will blight the hopes of the associated, and destroy the prosperity of the fund. There can be no principle so mistaken as that which confines efforts of this kind within a narrow circle; like all other narrow and selfish views, it is sure to terminate in the long run, in mistake or misery upon a large scale.

The data of these local funds are not sufficiently accurate for me to form a just comparison between their respective merits, and those of similar institutions upon a larger scale, having no pretensions to *benevolence*; but I am inclined to think that they do no not offer advantages greater than could be obtained as a mere matter of business, in a business-like conducted institution. For instance, the *widow* of a member, not possessing £50 a year to live upon, is entitled to relief, and I believe has received about £15 a year as an act of charity. This same member has paid as his test of membership £2 a year. Now, for £6 6s. a year, he may purchase an annuity of £52 a year, to commence at the age of 45, and to continue through life as a mere matter of right, and have the delightful feeling in his mind that he has not even the semblance of *obligation* to any human being. The comparison at a given age would stand thus:—On the one hand, a subscription of £2 a year, and a widow's pension of £15, to be applied for as a boon, and renewable from year to year; and to be withdrawn if by any good fortune the income should be augmented to £50 a year: on the other hand we find a subscription of £6 6s., and an annuity of £52, or a subscription of 2s. more than in the former case, and an annuity of £17 6s. 8d., as a matter of right, for the remainder of life, and not withdrawable under any circumstances.

This reasoning proceeds upon the presumption that the ages may be *alike*: if not alike, the difference is compensated for by the probabilities of age: but here again is another great injustice of these local funds, that while they offer less advantages than the business-like conducted institution, their principle is one which gives the same advantage precisely to a member of 60, who has paid five annual subscriptions, as it does to one of 25: and yet the probability of one becoming a claimant upon the fund, is immensely greater than the other. I am well aware of the kindness of heart which has prompted the establishment of local funds; but

they are essentially wrong in principle; and if all merged into one great institution, formed on just principles, a mass of good would arise upon a large scale, which can never be hoped for even in their own little sphere.

But a question arises, as to what is to be done with the capital of these local funds, if they be merged in one great institution? Of course, this capital in the capital of the existing members, and must not be alienated from their special benefit.

Nothing is more easy; the calculations of an actuary will readily show the interest which each member has in the accumulated capital, according to the number of his annual payments, augmented if he be a life member, by the number of years since he became such; a nominal division of the capital to each member will thus take place, and it will be appropriated towards augmenting his interest, or diminishing his future payments, to whatever special object, of the General Associated Association, he might be disposed to invest in, whether an insurance upon his own life—an annuity for his widow—an endowment for his children—a provision against sickness—or superannuation—or whatever other form of insurance he might deem most suitable to his own views and circumstances. The present friends of the local funds will rejoice in the extension of their benevolent views, and will cheerfully sacrifice their own selfish pleasure in annually dispensing their gratuities, for the far higher gratification of raising the recipients of their bounty from the scale of dependants upon charitable funds, to that of those provident individuals who, foreseeing the evil, have laid up in store for the wintry night of adversity, and who, secure in their own delightful independence, can feel an honest pride in having created their own comforts by making the best use of the gifts which Providence has afforded them.

For the development of some of these views, I must refer to my letter of August, 1843, published in the *Provincial Medical Journal*, of September 23rd, 1843, for, after so long a communication, I dare not venture upon going over the same grounds again.

In conclusion, I have only to entreat that these views may be seriously considered, and tested by arithmetical calculation, and I am assured of two things, firstly, that in the main they will be found correct; and secondly, that the confusion which at presents exists as to the nature of the Benevolent Fund, will be dissipated. Intreating your forgiveness for occupying so much of your time,

I remain, Sir,

Very faithfully yours,

W. NEWNHAM.

Farnham.

SIR JAMES GRAHAM'S MEDICAL BILL.

WORCESTER MEETING.

A meeting of the members of the Medical Profession residing in the city and county of Worcester, was held at the Board-room of the Worcester Infirmary, on Thursday, October 3d, Dr. Malden in the chair. Among the gentlemen present were Dr. Hastings, Dr. Streeten, Dr. Williams, J. P. Sheppard, M. Pierpoint, J. H. Walsh, W. Jones, J. Greening, R. Hill, H. Budd, H. Davis, J. Orwin, J. B. Woodward, J. Meears, J. C.

Shelton, H. Cole, T. W. Walsh, and D. C. Noel, Esqrs., of Worcester; Dr. Porter, of Bengeworth; A. Martin, and — Thackwell, Esqrs., of Evesham; F. Davies, J. Claridge, and D. G. Niven, Esqrs., of Pershore; Dr. Cooper, of Feckenham; G. M. Pritchett, Esq., of Kempsey; — Marsh, and — Braddon, Esqrs., of Upton; — Philbrick, Esq., of Kidderminster, &c., and communications were received from Dr. Nash, and H. D. Carden, Esq., of Worcester; M. Ricketts, Esq., of Droitwich; and J. Howey, Esq., of Bromyard; regretting their inability to attend, and expressing their concurrence in the objects of the meeting.

The Chairman, having expressed the great pleasure he felt in meeting so large and respectable a body of his fellow practitioners, proceeded to explain the objects for which they had assembled. They were aware that Sir James Graham in the last Session of Parliament, had announced his intention to introduce a Bill effecting certain alterations in the government of the Medical Profession of this kingdom. To take into consideration the provisions of that Bill they were then assembled; and it was due to the Home Secretary to say that he had given them ample opportunity for considering the probable effect of his measure, as a wise and discreet statesman would always do. For that they had to thank him; they had also to thank Sir James Graham and the Government for the attention they had given to a subject which for years past had required attention, and the result of which he trusted would be to re-organise a profession which had long been disorganised, and to restore order where nothing but confusion had long reigned, the profession having in confusion had long reigned. Here, however, he was bound to say that in his judgment the profession had brought themselves, in the jealousy and rivalry existing between their different Universities and schools, on the necessity for Sir James Graham's interference. There was no reason upon earth why there should have been so much bickering, jealousy, and heart-burning between the different Universities and seats of learning pertaining to the several branches of the profession; but that such did exist none could doubt, else why had they applied to the Home Office for its charitable aid? Look to the Universities of Oxford, Cambridge, Edinburgh, and Dublin: did unanimity of sentiment, practice, and feeling, exist amongst them? Certainly not. And they ought to have volunteered that unanimity which the Government were now attempting to compel. Let him not be misunderstood: he spoke of public bodies—not of private individuals. In all his experience among Medical Practitioners, he must say that there had been less of petty jealousy felt and exhibited than in any other profession which he knew. When, however, they saw rivalry and jealousy felt and carried out in their large schools and universities, could those aware of the fact anticipate else than that it would in course of time be carried into private life: and moreover, could they expect otherwise than that Government would look upon it as already existing amongst the individuals of the profession? Suppose the Edinburgh, Dublin, and the English Colleges had one pharmacopœia, then would cease those doubts about doses, those questions of medicines, their names and their manner of composition, which had so long occupied the attention of the practitioner to the detriment of scientific advance-

ment and to the endangering of the public health. With regard to the written language of their prescriptions, he need scarcely say that that was once the universal language of learned men in Europe, and it mattered not where a prescription was written, its contents were as well known to the apothecary of the continent as they were to the writer himself; but now, conflicting pharmacopœias had frustrated that advantage, and thus contributed to produce one of the greatest evils to the community. Sir James Graham's object was, to rid the profession of some of these evils. While, however, they had to thank Sir James Graham for his good intentions—and that he was actuated by motives of purity no one could doubt—yet they would not have been there that day, if they had not felt that an injustice was about to be inflicted upon them. With regard to the bill itself, it seemed to him that while by its provisions no great disadvantages would accrue to the profession, yet at the same time they were not protected as they ought to be. He could not help suspecting that a certain ingenious writer of an article, which appeared some time since in the *Quarterly Review*, had tried to infect the Home Secretary with a peculiar dogma of his own, which was that no measures which the Government could take would be found effective in putting down quackery—the conclusion drawn from that assumption being that it was useless to legislate with such an object. Now let them just consider what was the real effect of such reasoning. Were it followed up it must lead to the complete abrogation of all human laws. Could any laws put a stop to sheep-stealing, or house-breaking, or burglary? No. Then by parity of reasoning with the *Quarterly Reviewer* it was useless to make laws on the subject. Whilst statesmen have to deal with frail and fallen man, crime could never be completely stopped; but the legislator supposed, and rightly too, that by penal laws, he can in some measure deter the vicious from the commission of crime. Once admit a proposition so monstrously absurd, as that which dictated the clause legalizing quackery because it could not be stopped by punishment, and then the principle could be carried farther than the wildest visionary ever dreamt of. No divine or moralist held that the decalogue of Moses ever made people good. No! it was only as a schoolmaster, which kept them in the right way, from fear of punishment. If, therefore, the dogma of the writer to whom he referred were correct—then, they might say, let “the tables of stone,” be broken a second time. The proposition, however, as all must see, was most absurd, and it was their duty to see that their rights were not taken from them without a struggle. If Government did away with all distinctions between the empiric and the licensed practitioner, why not do away with medical education? and if they abolish the expensive medical education, why not dispense with the costly preliminary education? If, for the payment of fees and costs of medical education, money was to be taken out of their pockets, and other things required of them which the unqualified and ignorant practitioners escaped, had they not a right to demand that the flock which was put in the walled fold should be safely guarded from the intrusions and maraudings of the wolf? But the bill had been introduced in a spirit which induced him to hope that, if the profession shewed, in a proper and

determined manner, their objections to it, and gave their reasons for such objections, Sir James Graham would not be so implacable as to refuse to listen to the generally expressed remonstrances of so respectable and so scientific a body as the medical profession of this kingdom.

It was moved by Mr. Pierpoint, of Worcester:—“That it is the opinion of this meeting that the present regulations of the medical profession require extensive and speedy amendment; and that the bill proposed by Sir James Graham contains many provisions that would tend materially to effect the improvements that are necessary.”

Mr. Pierpoint merely observed, in submitting this resolution, that as he fully coincided in what had fallen from the Chairman, it was not necessary for him to offer a single remark in advocacy of the resolution he had the pleasure to move.

Mr. Davies, of Pershore, seconded the resolution. Although he generally concurred in the observations of the Chairman, the bill did not meet with his entire approbation, as he objected to the formation of the Council of Health, being of opinion that professional ability would be considered of less importance than political subserviency. He had no doubt that those members of the council who should object to anything proposed by the Home Secretary would have a month's warning, and be sent to the rightabout.

Dr. Hastings, of Worcester, proposed the second resolution:—“That it appears to this meeting that the bill is essentially defective in not containing a clause for the punishment of unqualified and unregistered persons, and that the absence of such a clause would be productive of incalculable injury to the public and to the profession.”—In moving the adoption of this resolution, Dr. Hastings said that he had for several years past given a great deal of consideration to this subject, and he was of opinion that there were many defects inherent in their system, which, having been made so by law, no conduct of the medical profession could get rid of them. Foremost amongst these was the want of a general qualification. When they took into consideration the fact that the old system was defective in not having any representatives of the licentiates in the bodies for governing the profession, it must be seen that no attempt on their part could remove the evils of which they complained—it was a chaotic state which they could not remedy. The graduate of Edinburgh came into this country and practised, by custom. There was no legal right for him to do so; but who could prevent him? Oxford and Cambridge only could produce persons legally qualified to practice in this country; yet they had as many practising in this country with Scotch diplomas as there were practitioners from Oxford and Cambridge. Sir James Graham had gone farther in bringing in this bill, which would probably impart more strength and firmness to the profession than he (Dr. Hastings) had ever anticipated from any Government—it would give uniformity of qualification, and a good representation in the governing bodies of the profession in this country. Those were things they could not have done themselves; and they must give credit to Government for stepping forward and doing thus much. He looked with peculiar satisfaction on the formation of a Council of Health, as there would be

in that council persons who will act as the representatives of the profession. The Colleges of Physicians and Surgeons, for example, would send their representatives to the Council of Health, and the same would be the case with Edinburgh and Dublin. Those, therefore, that sat in the Council of Health would appear there as the representatives of the great body of medical practitioners in the United Kingdom. Some persons objected to the circumstance of the Secretary of State being ex-officio Chairman of the Council, thinking he would give a political bias to the proceedings. But he (Dr. Hastings) was of opinion that the medical profession should be recognized by the State, though they never had been so recognised. Whatever resolutions might be come to by the Council of Health, it was important that they should receive the support of Government; therefore, although he at first objected to the Secretary of State as Chairman of the Council, he now felt that they could not make the machine go properly without having the Secretary of State to give the first impulse to it. Whatever may be the other benefits of the Bill, however, he must candidly say—after mature consideration, and after giving Sir James Graham credit for greater enlightenment than most persons—"rather let us remain as we are than give us this Bill without a protecting clause," such as the resolution he held in his hand asked for. To pass the Bill in its present shape would be to make "confusion worse confounded." If the Bill passed as it stood, there would be two classes of medical practitioners—the registered and the unregistered; and the unregistered would be inflicting a continued and most serious injury on the public. It might be said that he took a selfish view of this subject; but he contended that if he were actuated by selfish motives, he would permit empirics to practise and injure the public, that he and other regular practitioners might be called in to remedy the mischief they had done. But he would say to the public "Let not the matter of pounds, shillings, and pence enter your calculation;" and the public, after all, were the persons who ought to come forward and see that they had some protection; for protection against quackery was required more by them than by medical practitioners. There was another point in which the framer of the Bill was endeavouring to do good, but he fell short of his mark. He said, "We will do away with foreign diplomas," which, by the way, were not always very fairly obtained. But that would do no good, because there was no clause for the punishment of persons practising with such foreign diplomas. These might continue to practise with foreign diplomas, and without some clause to stop them, they would, to use the words of a written communication from Mr. Shelton—"make the profession more mongrel than it was before." The essence of Sir James Graham's argument in the Bill, was, "Because we cannot put a stop to the practice of all knaves and fools, we will do nothing." Just as well might they suppose that by having a register of all honest men on the church doors they would prevent rogues from going about, as to suppose that they would prevent quacks from practising by merely leaving their names off the register. He, therefore, cordially proposed the resolution; for, looking on the Bill, as he did, as the offspring of an enlightened and paternal Government, yet he would rather that the profession

remained in its present incongruous state than have unqualified practitioners sanctioned by the law—for such would be the effect—while at present unqualified practitioners were illegal.

Mr. Martin, of Evesham, seconded the resolution, briefly remarking that he agreed with what had fallen from Dr. Hastings, except in the formation of the Council of Health, to which he had strong objections.

Dr. Streeten, of Worcester, in proposing the third resolution—"That it is the duty of every member of the Medical Profession strenuously to oppose the Bill, unless a satisfactory protective clause be introduced"—said that after the able observations which they had heard from their Chairman and from the mover of the preceding resolution, Dr. Hastings, in reference to the motion which he held in his hand, he should not feel justified in detaining the meeting further than to express his general concurrence in what had been already stated. He must, however, say that the constitution of the Council of Health was not satisfactory to him; he thought too much power was thereby placed in the hands of the Government by the proposed Bill; at the same time if that had been the only objection, he would have waived it in consideration of other good points in the Bill, especially as he considered the establishment of such a body likely to prove eventually of great benefit both to the profession and the public. He however objected so strongly to the withdrawing of all restrictions from the practice of medicine by unqualified and unlicensed persons that he could not but cordially concur in the terms of the resolution which he had been asked to propose.

The resolution was seconded by Mr. Walsh, of Worcester, and, as well as the preceding resolutions, carried unanimously.

It was then moved by Mr. Claridge, of Pershore; and seconded by Mr. Orwin, of Worcester:—"That the following Petition be presented to Parliament by the practitioners residing in this county, for the purpose of obtaining that protection for the profession and the public which is absolutely essential to the welfare of both."

To the Honourable House of Commons.

Humbly sheweth,—

That your Petitioners regard with great satisfaction the proposal of the Government to amend the regulations of the medical profession, and believe that the bill laid before your Honourable House by Sir James Graham, is calculated in many respects, to accomplish that most desirable object. Nevertheless, they are convinced, after mature deliberation, that the passing of such Bill in its present form would prove detrimental to the interests of the profession, and especially to the welfare of the community in general.

That your Petitioners are unwilling to express dissatisfaction with regard to several particulars in the proposed bill, because, although capable of decided improvement, they cannot be considered as necessarily involving any essential evil.

But, that your Petitioners entreat the earnest attention of your Honourable House to one grand defect, which would inevitably tend not only to the injury of medical practitioners, but would be productive of the most serious consequences to the public health.

That such injuries must arise from the absence of

a clause to prevent uneducated and unlicensed persons from presuming upon the practise of medicine, is a fact so evident to the whole body of the profession as to require no formal proof for its establishment.

That your Petitioners, therefore, humbly pray, that a clause may be enacted, which shall provide for the punishment of unregistered practitoners in so simple and feasible a manner as shall be calculated effectually to restrain the dangerous practices of unqualified persons.

That your Petitioners feel that the Members of the Medical Profession have peculiar claims upon the Government for the maintenance of their rights and protection of their privileges, and are assured that a strict law for the punishment of unqualified persons would only render that justice to properly educated men, and that security to her Majesty's subjects, which both are entitled to receive, and which it must be the desire of your Honourable House to confer.

And your Petitioners will ever pray, &c.

Moved by Dr. Cooper, of Feckenham; seconded by Mr. Pritchett, of Kempsey:—"That the following letter be addressed to each Member of Parliament for this county, city, and the boroughs, to request his active co-operation."

Sir—We, the undersigned representatives of the Medical Practitioners residing in the city and county of Worcester, beg to address you on the very important subject of Medical Reform, and we trust that you will consider it a part of your parliamentary office to lend your aid in support of what we, in common with our brethren, believe to be the rights and privileges that ought to be secured to the legitimate members of our profession.

It is proposed, as you are aware, by the Bill introduced by Sir James Graham, to repeal the only Act that affords us the slightest protection against the inroads of unlicensed persons, and no clause is proposed as a substitute for such repeal.

It must be obvious to any one who reflects carefully upon the subject, that multiplied evils would necessarily arise from the state of things that Sir James Graham's Bill would produce.

We, therefore, confidently solicit your valuable exertions for the purpose of having a clause enacted for the summary punishment of all persons who shall, without legal qualification, practise in the capacity of Physician, Surgeon, or Licentiate in Medicine, and we beg that you will strenuously oppose Sir James Graham's measure unless a clause to that effect be inserted.

Moved by Dr. Porter, of Bengworth:—"That it appears to this meeting, that much credit is due to the Apothecaries' Company for the manner in which they have carried out the Act of 1815, as they certainly took the lead of other bodies in enforcing a high standard of medical qualification. If, therefore, it has become necessary to repeal the Apothecaries' Act of 1815, it seems highly expedient that some arrangement should be made in the Bill whereby the Licentiates of Medicine and Surgery would be represented in the Council of Health."

Mr. Davis, of Worcester, in seconding this resolution, said that Mr. Spooner, M.P., for Birmingham, had expressed his wish to do all in his power to further

the wishes of the Medical Profession in regard to the Bill.

Moved by Mr. Budd, of Worcester, and seconded by Mr. Greening, of Worcester:—"That as it must be evident that the welfare of the public is deeply concerned in having a well organised system of Medical polity, this meeting invite all classes of the community, and more especially the members of the Legal Profession, to co-operate in endeavouring to obtain the assistance of the Members of Parliament of this district, in amending the Medical Bill introduced by Sir James Graham."

The thanks of the meeting were then voted to the Honorary Secretary of the Committee, Dr. Williams, for his efficient services, to Dr. Streeten, the Editor of the Provincial Medical and Surgical Journal, for his able advocacy in that Journal of the objects which the meeting had in view, and to Dr. Malden, for his able conduct in the chair.

LIVERPOOL MEETING.

A meeting of the Members of the Medical Profession of Liverpool, numerously attended, was held at the Medical Institution, on Wednesday, October the 2nd, 1844, for the purpose of considering Sir James Graham's Bill "for the better Regulation of Medical Practice throughout the United Kingdom." Dr. Jeffreys in the Chair.

The Chairman, after thanking the meeting for the honour conferred upon him, said the subject which had been the means of bringing them together was one of the greatest importance to every individual who had the good of the profession at heart. The meeting had been called in consequence of a requisition signed by twenty respectable practitioners of the town. He was anxious that all should be united on a question of such importance, as the whole country looked up to Liverpool to see what they were about on the present occasion. With respect to the bill he had no right to give an opinion. Whatever bill was passed it would not give universal satisfaction,—but that was no reason why they should not attempt to better their condition. He rejoiced that Sir James Graham had taken the thing in hand; they ought to be glad he had not come on them by surprise, but allowed several months for a consideration of the question; and he trusted such alterations would be made as they might think proper to suggest. A committee had been acting for some time, and had come to the conclusion that a memorial would be preferable to a petition for presentation. In conclusion, he thought the best way to carry measures was not to be too violent,—that the whole profession ought to be in harmony with each other on such a subject as they were met to consider, and unite heart and hand for the general good.

Dr. Freckleton moved the first resolution. He felt anxious for some legal enactment for preserving good order in the profession, so that regularly-educated men should be protected, and quackery punished in all its branches. Some enactment was necessary, and it would be difficult to frame a bill to meet the views of all classes. He did not wish to oppose the bill *in toto*, but thought it would be better to point out those parts which were objectionable. He felt sure

the Government had acted towards the profession with good faith and honesty, as they had allowed sufficient time for parties to examine and comment upon it; and if the members of the medical profession would only point out to her Majesty's Ministers those parts of it that were objectionable, he had no doubt they would meet with that attention they deserved. They were making efforts by the proposed bill to render the profession respectable, and Government had a right to interfere in legislating for them as well as for other bodies. They would be doing wrong if they did not concur with the Government in supporting those parts of the bill which were for their own good. He concluded with moving the following resolution:—"That it is a matter of gratification to this meeting that her Majesty's Ministers have introduced into Parliament a bill having for its object the better Regulation of Medical Practice throughout the United Kingdom."

John M. Banner, Esq., seconded the resolution, which was carried unanimously.

Moved by Sir Arnold Knight, M.D., and seconded by I. L. Minshull, Esq., and carried unanimously:—"That the provisions of the bill for ensuring greater uniformity in the Education, Qualification, and Registration of the Profession are judicious, and have been long called for."

Dr. Sutherland referred to the charter of College of Physicians, and the Apothecaries' Act, in the spirit of both of which irregular practice was considered as contrary to law. It was proposed by the new bill to repeal all charters which imposed restrictions on the practice of medicine—to place the educated on the same footing with those who had received no education at all, and for that they had a right to seek a remedy. It was unnecessary for him to argue that men intended for the medical profession must be men of education; the amount of knowledge they required was greater than for any other,—there was scarcely any branch of knowledge they did not require; and the principle that there should be a distinct body of men for that purpose had always been recognized. During the examination before the House of Commons it was stated to be almost impossible to put down illegal practice by the present act, on account of the expense, but the circumstance of its being deemed necessary to suppress it, showed it was an evil. Sir James Graham had stated the impossibility of putting down quackery; but he believed it could be accomplished if proper steps were taken in reference to it. The new bill itself admitted irregular practice to be an evil, for it excluded irregular practitioners from the army and navy, and from all public medical offices. If a practitioner were found not to be registered, let him be taken before the magistrate, and quackery would soon be put down; as far as law could reach it, that course would be most effectual. He proposed the following resolution:—"That this meeting deeply regrets that no restriction on irregular practice should have been provided in the bill, by the substitution of measures more efficient in their operation than those contained in the acts proposed to be repealed: which acts, although they may not have been of sufficient power to remedy the evil, nevertheless, admit the sound principle that the practice of uneducated persons is contrary to law."

Henry Stubbs, Esq., seconded the resolution, which was carried unanimously.

It was moved by Dr. Macintyre, and seconded by Dr. Collins, and unanimously agreed to:—"That the following memorial, which has been prepared in conformity with the foregoing resolutions, be adopted by this meeting, and signed by the chairman, and transmitted to the Right Honourable Sir James Graham, Bart., Secretary of State for the Home Department."

To the Right Honourable Sir James Graham, Bart., her Majesty's principal Secretary of State for the Home Department. This memorial, agreed upon at a meeting of the Medical Profession of the town of Liverpool, held at the Medical Institution, on the 2nd of October, 1844,

SHEWETH,—

That your memorialists hail with satisfaction the introduction into Parliament of "A Bill for the better regulation of Medical Practice throughout the United Kingdom." That they have given a careful consideration to the said bill, and beg respectfully to submit to you their opinions on the same.

That inasmuch as the restrictions on unqualified practice, as they at present exist in the several acts and charters proposed to be repealed in the first clause of the said bill, have been local and partial in their application, and have thereby frequently been injurious to well-educated members of the profession; and especially as they have never proved themselves to be a sufficient protection to the public against ignorant and unskilful pretenders, your memorialists think it quite necessary that these acts and charters should be repealed and annulled.

That, nevertheless, these acts do acknowledge as a principle in law, that persons not duly qualified shall be prohibited from practising under certain penalties; and if they shall be repealed, without at the same time substituting a *more efficient prohibition* against irregular practice, your memorialists consider this giving up of a sound principle as *pro tanto* legalising the practice of unqualified persons, as tending to lower the dignity of the medical profession, and as at the same time taking away from the profession its legitimate rights, while it withdraws all protection from the public.

That, as the medical profession is at present constituted, there exist registers of all qualified practitioners in the United Kingdom, some of which are from time to time published; and that, instead of these, it is proposed to have one general registration, a measure of which your memorialists cordially approve, as lying at the basis of all effective legislation on the subject.

That, by existing laws or usage, no unqualified practitioner can or does hold any medical office in infirmaries, dispensaries, poorhouses, or prisons; or in the army, navy, or East India Company's service, and that, considering the proposed registry as a test of qualification, your memorialists approve of it, as a means of excluding, as heretofore, all unregistered and unqualified persons from such public medical officers.

That, as it is fully conceded by the bill that it shall be unlawful for any unregistered person to practice in certain departments and public offices, your memorialists know no valid reason why the same principle

should not be fully carried out, so as to render it unlawful for any one to practice medicine and surgery, in any part of the United Kingdom, without being duly qualified and registered; while they are of opinion that great good would follow if the bill declared all such irregular practice subject to a penalty similar to that which the bill inflicts on all unqualified persons practising in public offices, but recoverable by a summary process.

That your memorialists are of opinion, that a measure founded on the proposed registration, may be devised, better calculated than the laws now existing to protect medical men, as well as the public, against unqualified practitioners.

It was moved by Dr. Dickinson, and seconded by William Bainbridge, Esq., and unanimously agreed to:—"That a copy of the above resolutions and memorial be transmitted to the county and borough Members, with the respectful request that they will have the goodness to support the objects of this meeting."

It was moved by Hugh Neil, Esq., and seconded by Dr. Macnaught, and unanimously agreed to:—"That the following seven gentlemen be appointed a standing committee, with power to add to their number, to watch the progress of the bill, and to adopt measures thereupon, which they may see necessary:—Dr. Jeffreys, Dr. Formby, Sir Arnold Knight, M.D., Dr. Freckleton, Mr. Halton, Dr. Sutherland, and Mr. Long."

It was moved by King Ellison, Esq., and seconded by Alfred Higginson, Esq., and unanimously agreed to:—"That a report of the proceedings of this meeting be sent to the Medical Gazette, the Lancet, the Medical Times, and the Provincial Medical and Surgical Journal."

It was moved by Dr. Formby, and seconded by King Ellison, Esq., and carried unanimously:—"That the thanks of this meeting be given to Dr. Jeffreys, for his able conduct in the chair."

GEO. MILLETT DAVIS,
Secretary.

BEWDLEY AND STOURPORT MEETING.

At a meeting of the medical practitioners of Bewdley and Stourport, held in the Townhall, Stourport, on Tuesday, October 1st, for the purpose of taking into consideration the proposed Medical Bill of Sir James Graham, Kenrick Watson, Esq., F.R.C.S., in the chair, the following resolutions were proposed and agreed to:—

1. That the repeal of the Apothecaries' Act, without substituting ample protection for those members of the medical profession who have qualified themselves by a long and expensive course of study, under the direct promise of such protection, is both unwise and unjust to the medical profession, and injurious to the best interests of society.

2. That a petition, based on this resolution, be presented to the House of Commons, and, if necessary, the House of Lords.

3. That a deputation, consisting of Mr. Barnett and Mr. Cole, be appointed to wait on Sir Thomas E. Winnington, Bart., Member for the borough, to explain to him the views of this meeting, and request him to present the petition.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SPECIAL GENERAL MEETING.

We are authorised to state that a Special General Meeting of the Provincial Medical and Surgical Association, to be held at Derby, is about to be called by the Council of the Association, for the purpose of taking into consideration Sir James Graham's Bill for the better regulation of Medical Practice throughout the United Kingdom.

MANCHESTER MEDICAL SOCIETY.

At the annual meeting of this Society, held at the Library, 38, Falkener Street, Manchester, on the 2nd instant, the following gentlemen were appointed officers for the ensuing year:—President, W. J. Wilson, Esq.; Vice-Presidents, Dr. Black, R. T. Hunt, Esq., Dr. Radford, and John Jesse, Esq.; Treasurer, Dr. Ashton; Secretaries, Mr. Thomas Dorrington and Mr. Isaac A. Franklin; Council Mr. Noble, Mr. Brownbill, Mr. Crompton, Dr. Watts, Mr. Ker, Mr. J. Walker, Dr. Wilkinson, Mr. Catlow, Mr. Bent, Mr. Owen, Mr. Dyson, and Dr. White.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members, on Friday, October 4th, 1844:—E. Moore; T. Batt; J. F. Jones; G. Yates; T. Evans; J. Black; J. P. Smyth.

BOOKS, &c., RECEIVED.

Vestiges of the Natural History of Creation. London: Churchill, 1844. 12mo., pp., 390.

Narrative of a voyage to Madeira, Teneriffe, and along the shores of the Mediterranean, including a visit to Algiers, Egypt, Palestine, Tyre, Rhodes, Telmessus, Cyprus, and Greece, &c. By W. R. Wilde, M.R.I.A., Fellow of the Royal College of Surgeons in Ireland, &c. &c. Second edition, enlarged and revised. Dublin: Curry. London: Longman and Co. 1844, 8vo., pp., 648. Illustrations.

TO CORRESPONDENTS.

Communications have been received from Mr. Copland, Mr. Ikin, Dr. Drury, Mr. Wilton, Mr. Bree, and Mr. C. T. Edwards.

We have been unable to find room for the notices of the Essex and Gloucester Meetings, which, as well as the account of the Branch Meetings of the Provincial Association, held at Shrewsbury and Ipswich, will appear next week. We have also to apologize to several of our contributors, for the delay which has unavoidably taken place in inserting their communications; the necessity for devoting a considerable space to the manifestation of feeling on the subject of the Medical Bill must plead our excuse.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING - CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE V.

In this lecture, gentlemen, I propose to enter upon the symptoms of dislocations, and to commence with the consideration of that form most commonly met with, in which the head of the humerus is thrown downwards and inwards into the axilla, resting against the edge and inner side of the inferior costa of the scapula.

A man applies to you, stating that he has fallen, or was thrown down, and alighted either upon one of his hands or elbows, and finding that he cannot use his arm, and suffering such intense pain, he has come to you for your opinion. Before he removes his clothes you may observe that his head and body incline towards the injured side, that his elbow is separated from his side, and that he supports the hand of that side in his opposite hand, carrying it forwards and relieving it from its own weight. You direct him to hold his head up, and he will tell you he cannot, that when he attempts to do so he experiences such a dragging sensation and pain in the shoulder as to baffle his endeavours. You then tell him to let go his hand, and he will do so, but he immediately resumes it, complaining of the weight of the affected arm, and the uneasy numbness and pricking sensation referred to his fingers. You next tell him to carry his elbow to his side; he will endeavour to do so, but without success; and if you take the elbow in your own hands and try to bring it to the ribs, you will, in most instances, be unable to do so, without great pain to your patient; the arm also appears longer than natural. Tell him to raise his hand to his head and he cannot do so.

These, then, are the symptoms which any one can notice in most cases of this accident, even before the patient has removed his clothes—viz., the inclination of the head and body towards the affected side, the supporting the hand in the hand of the opposite side, the numbness and pricking of the hand, the inability to bring the elbow to the side, and also to raise the hand to the head, and the lengthening of the limb. You now take off his clothes, and will be enabled to distinguish the following additional symptoms. The shoulder no longer presents its usual roundness. I have already told you that in the normal condition of the joint, if we carry our finger downwards and outwards along the obtuse border, afforded by the

external margin of the trapezius muscle, we discover, first, the end of the clavicle, then the edge of the acromial process, and lastly, the rounded prominence afforded by the head of the humerus and deltoid muscle, projecting considerably beyond the acromion process. In the dislocation of the humerus downwards we lose this prominence; the acromion process, instead of being concealed by the latter, projects abruptly outwards, whilst instead of the aforesaid rounded eminence, the shoulder is fallen, there is the flattened surface of the stretched deltoid muscle; and if you exercise pressure beneath the acromion process you will discover a depression corresponding to the glenoid cavity, instead of the resistance naturally presented by the head of the bone. I have already observed, that the power of abduction or raising the arm, is for the time lost to the patient, as well as the ability to bring the elbow to the side, but he is still able to move the arm backwards and forwards as it hangs by the side. If you take hold of the arm and move it, a slight crepitus may be felt, arising from effusion, and the escape of synovia into the cellular tissue. This may mislead you if you are ignorant of the cause: it is much more marked when a dislocation has occurred some time before you are called to the case, for the obvious reason that the more recent the accident, the less time is there for morbid changes. But wherever this crepitus is present, it is of importance that you should be able to recognize it from the grating of broken bones, for if the accident be complicated with broken bones, it is much more difficult of cure, more serious to your patient, and likely to be succeeded by much more inconvenience and more untoward results, if the nature of the mischief be overlooked; whilst, on the other hand, if you mistake this crepitus for that arising from fracture, you will subject your patient to a vast deal of unnecessary confinement, and should he consult a surgeon better informed than yourselves, he will at once discover your mistake, and the affair will be anything but creditable to you. The sensation and sound of crepitus arising from rubbing the two ends of the broken bone together, are dull, grating, and such as may be expected from the friction of two rough uneven surfaces of such a consistency and structure, but the crepitus resulting from effusion into, and thickening of, the cellular tissue, causes a sharper and more crackling noise, more like the crackling produced by crumpling a piece of parchment; wherever, therefore, you have this kind of crepitus accompanying the movement of a joint, you may at once decide that it results from effusion, and not from fractured bone. If you raise the arm gently away from the side with your

right hand, and introduce the fingers of your left into the axilla, you will be able to feel the round head of the humerus lying in this latter situation. Sir Astley Cooper pointed out the necessity of elevating the arm before making this investigation, as if the fingers are introduced into the axilla whilst the arm is hanging by the side, the head of the bone cannot be felt, and the surgeon is liable to fall into error from the absence of the most conclusive symptoms of this accident, for, by raising the elbow, the head of the humerus is lowered in the same proportion, and thus rendered prominent and capable of being distinguished. The head and neck incline towards the injured side in consequence of the attachment of the trapezius to the scapula, acromion process, and clavicle, opposite the origin of the deltoid muscle; this being depressed by the altered situation of the head of the humerus, draws down the whole shoulder, and with it the scapulo-clavicular attachment of the trapezius. The prominence of the acromion process arises from the escape of the head of the humerus from the glenoid cavity to its new situation, elongating the fibres of the deltoid, which, being no longer supported, and projected by the prominence of the head of that bone, are not only put upon the stretch, but sunk in towards the glenoid cavity, producing the unnatural depression beneath the acromion process, whilst at the same time, as a consequence of the altered relation of parts, and the undue tension of the deltoid muscle, this latter draws the arm away from the side, and hence the difficulty of approximating the patient's elbow to his thorax. Again, we have seen that the patient complains of weight, pain, numbness, and pricking in his fingers. Your anatomy will elucidate this point; the head of the humerus being thrown downwards and inwards into the axilla, below its natural situation, rests upon the brachial plexus of nerves, and by pressing upon the median, ulnar, and radial nerves, causes the numbness and pricking sensation of the fingers, and the sensation of the weight in the arm, whilst the violence inflicted upon the circumflex and cutaneous nerves will account for the numbness and tingling frequently experienced in the limb itself. The biceps, coracobrachialis, and triceps, are stretched, and the forearm placed in a state of semiflexion.

The symptoms I have here described are those commonly met with in recent cases of dislocations into the axilla. The falling of the shoulder, the presence of the head of the humerus in the axilla, the loss of the natural motions of the joint, the projection of the acromion process, the separation of the elbow from the side, with the difficulty of approximating it, the elongation of the limb, the numbness and pricking in the fingers, and weight of the arm, with the inclination of the head to the affected side, are all principle features of this accident in a recent state; when, however, it has been neglected for any length of time, other ill effects will be produced. The head of the bone when thrown into the axilla not only presses upon the axillary plexus of nerves, but also upon the axillary vein and blood vessels and absorbents. Free circulation of the blood through the limb is thus impeded, absorption is interrupted, and œdema of the hand and arm ensues, whilst, in consequence of the laceration and violence done to the soft parts about the joint, the shoulder becomes so swollen as to render the precise nature of the mischief obscure, by concealing some of the most diagnostic signs.

Should you ever be placed in such a situation as this, should you, from the swelling, be unable to detect the nature of the accident, I advise you not to give too hasty an opinion upon the case; but if you can, avail yourselves of another opinion, or at all events subdue the inflammation, get rid of the swelling by proper means, such as abstraction of blood, &c., and in the course of a very few days the œdema will be sufficiently reduced to enable you to judge more correctly; but on no account rest satisfied until you have assured yourselves that the parts are restored to their natural position and situation, if this be possible. I may moreover observe, that there is also a great difference in the facility with which these accidents are discovered in emaciated, weak, aged individuals, and in those who are loaded with fat; as in the latter the appearances are less decisive. The difficulty of approximating the elbow to the side, although almost a constant, is not an invariable sign of dislocation into the axilla. In paralysis, or where the patient has frequently suffered from this accident, the elbow may be pushed against the side with perfect ease.

Some years ago, when I was a pupil at the Westminster Hospital, a man came to me and asked me to reduce his shoulder, which was dislocated into the armpit. I had heard at lecture, and also read, the difficulty experienced in bringing the elbow to the side in these cases, and accordingly, before he undressed, I took hold of his elbow, which, to my great surprise, I could strike against his thorax with the greatest ease, and I at first thought the man was mistaken, but having undressed him, I found from the other signs that he was right, and that it was a dislocation into the axilla which I had to treat, and I reduced it without any difficulty. When I had done, the man laughed, and said, "Sir, you thought I was wrong, but I have had my shoulder out too often for that. It was first dislocated about two years ago, and since then scarcely a month passes without its being put out." He was very thin, and his deltoid muscle was but slightly developed. Since then, I have met with other cases of a similar nature.

Now, as to the causes, gentlemen: these may be considered as predisposing and proximate, and those which arise from disease and natural deformity. Petit classifies them into "internal and external." Whatever tends to debilitate the muscular system is a predisposing cause of dislocation. In paralysis the muscles no longer have the power of supporting the weight of the arm, and the head of the bone becomes dislocated. Long-continued illness, old age, debility, and relaxation of the ligaments and muscles of the part, are all predisposing causes. Where also the muscles are kept forcibly extended for any length of time, they lose their tone, and the patient is subject to dislocation upon the slightest exertion.

Sir A. Cooper relates the case of a young midshipman, who for some trifling offence was strung up by his arm to one of the yard-arms of the vessel, in such a manner that his foot could just rest upon a projection on the deck, and he was kept in this position for an hour. The result was a wasting of the muscles, and a liability to dislocation upon the slightest cause.

Here, then, you have a very good illustration of the effect of excessive and long-continued exertion upon muscular fibre. We know that for the full develop-

ment of what is termed tone of muscular fibre, and also for the full and proper development of the fibre itself, a certain quantity of exercise is necessary. If a patient loll upon a couch from morning to night, his muscles become flabby and soft, and he is predisposed to luxation. Let him take moderate and regular exercise, his muscles recover their tone, become increased in size and power, and this predisposition no longer exists; but continue this exercise to excess, and again this tone and development disappear. The effect is similar to paralysis, the muscles no longer retain the power of resistance, they waste away, and your patient remains more or less a cripple for the remainder of his life. Among the most frequent of the proximate causes, we may range the irregular contraction of muscles, the head of the bone being in a favourable position for such an accident.

It may appear somewhat paradoxical to you that a bone may be dislocated by irregular spasmodic muscular contraction, and that the same accident is commonly permitted by the muscles being taken unawares, whilst you are also taught that the strength and integrity of the joint depend upon the muscles which surround it; but nevertheless such is the fact. To preserve the joint from the accident, it is necessary that the muscles be prepared and act with regularity, preserving the due balance between the different antagonising movements, for it is no less certain that the head of the bone may be forced out of the glenoid cavity by the spasmodic and irregular contraction of certain muscles, than that the same accident is permitted to occur when sudden violence is referred to the part, the muscles being unprepared to resist that violence.

In support of this hypothesis M. Bichat relates the well-known case of a notary, who dislocated his shoulder in endeavouring to raise a heavy register above his head, which he attributes to the action of the deltoid muscle, which, contracting violently in the unusual effort, pressed upon the head of the bone, and produced displacement downwards; but we may reasonably suppose that other muscles assisted in producing the mischief, for the attempt to raise the book being sudden and violent, the adductor muscles were as suddenly thrown into spasmodic action, and hence we may fairly suppose that the deltoid was assisted by the combined action of the pectoralis major, latissimus dorsi, and teres major muscles, as has before been remarked by M. Falre. M. Boyer gives the particulars of a person who was subject to fits of epilepsy, and whose shoulder was constantly dislocated during the attacks. The following case is also mentioned in the *Revue Médicale*, for 1830, second volume. A young man suspended himself by his hands to a piece of wood placed cross-wise above him: one of his hands slipped, and the whole weight of his body suddenly fell upon his right arm. Luxation was thus produced; but the patient, notwithstanding the injury, managed to retain his hold for some time afterwards.

The most usual cause is a blow or heavy fall upon the joint, or a fall upon the elbow or arm.

A man is walking along the street and is suddenly thrown or slips down; he puts out his arm to save himself, and he comes down with his hand striking violently against the ground, and then the various species of dislocation are produced, determined by the position and direction of the arm at the time of the accident.

Should the humerus be merely raised from the side, without being carried either forwards or backwards, and the fall take place upon it, then the upper end is forced downwards and inwards, and a dislocation downwards is the result, assisted by the muscles to which I have already alluded. As to the accident being produced by direct violence to the joint itself, its probability is denied both by Boyer and Dupuytren, the former of whom observes, that it has not as yet been demonstrated that dislocation of the humerus can be produced by any external violence acting upon any other point than on the lower extremity of the humerus or arm. There are several examples of violence acting on the point of the shoulder, but in all these cases there was fracture of the scapula or humerus.

M. Boyer is correct in many instances, for blows and falls upon the shoulder as frequently cause fracture, or, perhaps, more frequently, than dislocation; but there is no doubt that dislocations do occur from falls or blows directly upon the shoulder, and that they do also occur without being complicated with fracture.

There is at present in the hospital a patient under the care of Mr. Avery, who, in crossing the Strand a few days ago, was suddenly run against by a cab-horse, and thrown down violently on her shoulder, which struck the ground with great force. I questioned her closely upon the fact, and she assured me that she did not alight upon her hand, but directly upon her shoulder, which being covered with dirt, served to confirm her account of the accident. When brought in, she was examined by the house surgeon, and found to be suffering from dislocation downwards into the axilla, unaccompanied by any fracture; and since then I have had another patient under my own care, who informed me that she fell directly upon the shoulder, and in her case, likewise, there was no fracture.

I could multiply these cases were it necessary, but I think that I have stated enough to convince you that the proximate causes of dislocation downwards, are violent and irregular muscular contraction, and blows or falls upon the arm, whether the violence be received upon the hand, elbow, or directly and immediately on the shoulder itself. Dislocations of the shoulder from disease occasionally occur, but not so frequently as in the hip. In inflammation of the joint, where the quantity of synovia is increased to any great extent, the head of the bone is sometimes pushed out of its cavity, but as the inflammation subsides, and the fluid is absorbed, it gradually returns to its natural situation. Sir Astley Cooper mentions the case of a young lady who had fever. A month afterwards the head of the bone slipped easily from its socket, but was as easily reduced. She was subsequently cured. Some individuals, from relaxation of the muscles, and constant habit, have the power of dislocating the arm, and reducing the dislocation at will. A few years since, a man went about to the different hospitals obtaining money from the students by showing himself. He could throw the head of the bone forwards whenever he liked, and reduced it with the same facility; and it is difficult to imagine how mountebanks are able to throw themselves into their various contortions, unless they possess a similar power. With respect to those which occur from natural deformity, as they come under the head of congenital luxations, I shall reserve any remarks I may have to offer, until we enter upon the consideration of that subject.

CASES IN SURGERY.

By JOHN CHRISTOPHER DAVIE, Esq., M.R.C.S.
Haddenham, Cambridgeshire.

COMPOUND FRACTURE OF THE OS FRONTALIS—EXFOLIATION OF THE RIGHT RADIAL, SCAPHOID, AND PISIFORM BONES—SIMPLE FRACTURE OF THE LEFT RADIUS, AND DISLOCATION OF BOTH WRIST JOINTS.

Matthew Hammond, aged 12, a pauper, Haddenham. May 12th, 1841, went out bird-nesting with other boys, at a barn upon Granby Fen, where he was precipitated to the ground from a height of nearly 20 feet. When he had reached home, I was quickly in attendance; there was inflicted a deep lacerated wound over the left eyebrow, and compound fracture of the frontal bone, comminuted fractures near the inferior extremities of both radial bones, and dislocation of both wrist joints, besides his system being very much shaken. General coldness of skin; small feeble pulse; much stupor and drowsiness.

Evening. Skin heated; coma; pupils of both eyes slightly dilated, and unaffected by the action of light. He had micturated largely of blood, and was much distressed by pain when pressure was applied over the region of the left kidney. Diluted sulphuric acid, two drachms; sulphate of magnesia, four drachms; water, eight ounces. Take one ounce every four hours.

13th. Passed a very restless night, though this morning he is very drowsy; white, furred tongue, and increased temperature of skin; renal secretions have the same unnatural appearance. Apartment darkened; low diet; head shaved; cold applications constantly applied.

14th. Head symptoms much the same; urine not so floridly coloured; it still has a very dark appearance; bowels have been well regulated. A few ounces of blood were taken from the external jugular vein. Diluted sulphuric acid omitted, and in its stead—

Tincture of digitalis . . .	60 minims.
Tartarized antimony . . .	2 grains.
Nitrate of potash . . .	4 scruples.

To be taken as before.

15th. Restless night; violent in his conduct; with difficulty could be kept in bed. In the morning somewhat feverish, and urine nearly natural.

16th. Had a good night's rest; free from pain of head; less fever. Afternoon:—Had a violent attack of delirium of short continuance. Evening:—Both arms undone; upon the back of the right hand there was a small vesicle, and the whole of this member was swollen. Bled to fourteen ounces; the fractures were lightly adjusted, and freely irrigated by a lotion of equal parts of solution of acetate of ammonia and water.

17th. Vesications have increased; skin darkened, freely scarified in the lower part of the arm; restoration of mental faculties, and excretions natural.

18th. Vesications and discolourization of the skin still greater, notwithstanding, his general health is improving. The parts were very freely incised, and bled profusely.

19th. The appearance of mortification are arrested, and a free discharge of blood and pus issues from the wounds.

22nd. Discharges freely blood and matter; a small piece of bone was removed from the forehead; wound cicatrizing.

June 2nd. Discharge undiminished; superior part of broken bone protrudes through the skin near the wrist; much pain and swelling of hand. A deep incision was made into it; an abscess has formed in the right arm, which runs very freely; intellectual faculties are unimpaired.

I shall not particularize a further detail of symptoms, suffice it to say that there have been several exfoliations of bone, amongst which the scaphoid and pisiform bones of the wrist, and the whole portions of the radius. At its articulatory extremities it was denuded of cartilage. It required considerable enlargement of the wound for the exit of the superior extremity of the latter bone. These osseous fragments of accidental disease are now in my possession. The case of excision of the ulna reported by Mr. McEwen, in the *Provincial Medical and Surgical Journal*, for September 4th, must have been more formidable to the operator; notwithstanding there could be no comparison of the ulterior results of the two cases. The subject of Mr. McEwen's case is enabled to pronate and supinate the hand, and flex and extend the fingers; he enjoys free motion of the wrist, and has undertaken the arduous employment of rowing: the boy Hammond has no use of the hand and wrist; the hand has not increased by growth since the accident, and hangs as if suspended by integument, and he can only use the arm as a lever. He was dismissed, cured, October 27, 1841.

PARTIAL DISLOCATION FORWARDS OF THE OS HUMERI.

In the evening of March 18th, 1843, I was hastily summoned a few miles hence, to a gentleman of this place, who had been thrown out of his gig. He principally complained of his elbow and wrist. A careful examination of the whole extremity was made, and it was found that the shoulder was partially dislocated forwards. There was a hollow beneath the acromion from vacuity of the glenoid cavity; the arm was somewhat separated from the side, though it was flexible, and could be moved in any direction. Attempts were made to reduce the head of the bone to its relative situation, by making a lever of the upper arm; putting the foot in the axilla, and extending from the wrist, but without success; then extension and counter-extension with towels, were employed, and after a short time the bone was heard to return to its cavity with a loud snap. He immediately expressed himself relieved, notwithstanding his hand and wrist were paralysed having lost their power of motion.

After some time, when there was no chance of inflammatory action of the joint, blisters, electricity, galvanism, and other stimulating applications were recommended, but not persevered in. Various medical men were consulted, and among others a bone-setter, who happened to be in the neighbourhood. This charlatan at first told him the arm was out, and that he must go to his house, a distance of thirty miles. He repaired thither, but seeing that he had no use in his hand and wrist, and that the other parts of the limb were flexed, he changed his tone, by telling him that the joint had dropped. Had there been stiffness only of the shoulder joint, the credulity of this patient would

no doubt have been readily worked upon, as he is very much wanting in moral courage, as shown by his not submitting to those energetic remedial agents recommended when the affection was in its early stage.

September 8th, 1844. I witnessed the progress of this case. The upper and lower arms have regained their lost power; the wrist and hand are puckered and withered; there is partial motion of the thumb and fore-fingers; very little of the ring and little finger.

I have observed a similar result in two cases before this period, from the same kind of dislocation, but not having had an opportunity of watching their progress, I forbear giving a report of them.

WOUND OF THE AXILLARY ARTERY AND AXILLARY PLEXUS OF NERVES, &c.

Mary Walker, aged 10, Coveney, Cambridgeshire, October 2nd, 1843, was employed at a thrashing machine; her clothes became entangled with the spindle, and she was drawn round several times. The left humerus and clavicle had both received comminuted fractures; there was a large deep wound extending across the axilla to the acromion process, dividing much muscular substance, nervous structure, and apparently the axillary artery, as no pulsation could be felt in the course of the vessels down the arm, and there was also a transverse wound of the integuments and cellular tissue, about the middle of the arm. The jagged and contused portions of muscular substance were removed; the wounds retained in apposition by sutures, and adhesive plaster; the fractures of the upper arm by splints, and a bandage, occasionally wetted with a lotion of one pint of vinegar to three of water. The fractures of the clavicle were nicely adapted by lying perfectly flat in bed. She did not appear to have suffered further injuries.

7th. Below the site of the lower wound there is a large dark vesicle. Ordered to be covered by cotton wool.

8th. Wounds united by adhesion. There has been very little constitutional disturbance; anorexia is the only symptom.

Sulphate of quinine	6 grains.
Diluted sulphuric acid	15 minims.
Water	6 ounces.

Two tablespoonfuls to be taken twice a day.

18th. Sutures, bandages, and splints removed; wounds and fractures going on satisfactorily; a slough is formed where the vesicle was. This was circumscribed by a line of lunar caustic, and covered by cotton wool.

After the expiration of six weeks, bony union was well established, and the primary wounds healed. The slough had separated, and left a healthy healing surface, requiring only common applications, which the parents make use of.

September 8th, 1844. The artery is impervious throughout its course, from the axilla to the wrist. She retains the feeling, and partial mobility of the upper arm, being enabled to raise it as high as the shoulder; there is ankylosis of the elbow joint, and loss of sensation and motion of lower arm and hand; the upper arm is the same size as the other, the lower arm smaller; the hand withered, and drooping. My

object in relating this case has been to show that the parts which were the immediate seat of injury retain the power of sensation and motion; whereas, those more distantly situated, and which did not participate in the accident, are rendered useless.

CASE OF POISONING BY NUX-VOMICA.

By T. H. WARDLEWORTH, Esq., Bury, Lancashire

At two, p.m., June 20th, 1844, I was summoned to visit the daughter of Henry Duckworth, an unmarried person, residing with her parents in Derby-street. On my arrival I was informed that she had swallowed poison between the hours of twelve and one o'clock, being about one hour and a half previous to my visit. I found her upstairs and in bed. She was a very stout young woman, aged 26, and about five months pregnant of her third illegitimate child; her appearance was that of one suffering from tetanic convulsions; her face was livid; the lower extremities extended and widely separated; the muscles of the chest rigid, and very hard to the touch; her breathing short and quick; pulse low and fluttering; pupils dilated; consciousness undisturbed. On attempting to pass the tube of the stomach-pump, it produced, on coming in contact with the teeth, a most violent convulsion, and the tetanic state of the whole muscular system returned from merely tapping any part of the body with the finger. On the cessation of the fit, a piece of wood was introduced between the teeth, thus facilitating the passing of the tube of the stomach-pump into the stomach; when after throwing a quantity of tepid water into that viscus, I was enabled to abstract a large amount of fluid loaded with a grey powder, which was proved to be nux-vomica.

Previous to the use of the pump, the stomach had been freely acted upon by doses of sulphate of zinc, but such was the deadly influence of the poison, that she was seized about a quarter to three o'clock, just two hours and a half from the time of taking the poison, with one of the most awful convulsions it is possible to conceive. Her face was livid; teeth clenched; saliva flowing from the angles of the mouth; the eyelids widely separated; eyes protruded; the pupils fully dilated, so that the whole contour of the face assumed a most horrific aspect. I may add that the arms were violently agitated, the muscles of the chest hard and immovable; breathing suspended; the pulse not to be felt at the wrist; the legs were extended and widely separated, and no effort of mine could either approximate or bend them; there was slight opisthotonos; the fit lasted about two minutes, when the muscular system relaxed, and she was no more.

A *post-mortem* examination of the body was not allowed.

A quantity of the grey powder was collected, and submitted to the action of diluted sulphuric acid, then boiled for a short time, when the liquid assumed a yellowish appearance, which became on the addition of nitric acid, of a deep orange colour. Its taste was slightly acid, and intensely bitter.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 16, 1844.

The meetings called for the purpose of considering, and expressing opinion upon the new Medical Bill continue to be held in various parts of the country. Some of our readers may, we fear, be wearied with the frequent repetitions of similar views which these meetings necessarily afford, but we hold it to be of importance that the medical profession throughout the country should be made aware, both of the extent to which the subject is taken up, and also of the very general agreement which there exists upon some of the more glaring objections to the measure as it now stands.

In the meetings which have more recently taken place, and especially in those which have been called in the provincial districts, the various questions which have come under discussion have been entered into in a calmer tone, and treated in a more dignified manner than was the case at some held at an earlier period. This is no more than was to have been anticipated. Time always abates and softens down the force of first impressions; sometimes also, it must be confessed, impairs the energy with which it may be desirable to act. When, however, the spirit is thoroughly roused, it cannot be doubted that the more judicious and effective, as well as the more cool and temperate councils, are thus allowed their due weight. Accordingly, the moral force of the opposition offered to certain parts of the Bill brought forward by the Home Secretary, is greatly increased by the partial approval of some of the provisions of the measure, and the disastrous consequences to be expected from the obnoxious portions of it, stand out in bolder relief from the time and consideration spent in the investigation, before the full expression of opinion respecting them.

We are not disposed to deny to Sir James Graham the merit of good intentions towards the public and the medical profession. We cannot be otherwise than assured of the warm interest felt in the latter, by the esteemed and eminent individual who is understood to have been his chief adviser. On the contrary, we think that the Right Hon. Baronet has really deserved well of the profession for the attention which he must have devoted to the subject, and though it may be a source of regret that the question had not been in other hands, the votes of thanks to the Government for having taken up the subject, passed at so many of the meetings, are no more than what was due.

It is manifestly to a want of sufficient acquaintance with the position of the medical profession on the

one hand, and of the vast amount of injury inflicted on the public by irregular and unqualified practitioners on the other, that the chief errors of the measure are to be ascribed. The Home Secretary could have little personal knowledge of either, and the high station in public confidence as a professional man, of his reputed adviser; his extensive practice; his long residence in the metropolis; and the devotion also of his time and talents to that branch of the profession which is perhaps least exposed to the practices of the empiric, would necessarily prevent him from acquiring that practical knowledge of the question, which could alone make him a safe and fitting counsellor, or entitle him to be regarded as the sole or chief adviser on many of the points which must have been referred to him.

The errors committed by Sir James Graham, then, are readily accounted for, and some of them perhaps inseparable from his position. The main defect of the measure,—that which involves its principle,—the throwing open by law of the practice of medicine to unlicensed, and therefore, it is to be presumed, unqualified persons, may be traced partly to a want of acquaintance with the evils which are already endured by so large a portion of the population from this cause, partly to a misconception of the operation of legal restraints, and partly also, we think, to a partiality for the doctrines of free trade, and a false idea of the genuine and legitimate range of these doctrines, and of the nature of the subjects to which they are applicable.

The defect next in general importance—that which relates to the constitution of the Council of Health—is manifestly owing to the very natural desire which the Government must have, of retaining as much power in their own hands as they can persuade the guardians of the rights of the people to entrust them with; and looking to the House of Commons as a representative body, the duty of which is to watch, with the most scrupulous jealousy, every attempt made upon the legitimate exercise of that principle to which they owe their own existence, we will fain hope that this branch of the legislature will at least see that a fitting portion of genuine representation is infused into the proposed Council.

The third, and last objectionable point in the measure to which we shall allude on the present occasion,—that which arises out of the heavy tax intended to be levied on the members of the profession in the shape of registration fees,—can only have arisen from inadvertence. The bill is a public bill, and the expenses of it ought to be borne by the public; and were it otherwise, it never could have been the intention to extort so large a sum from a profession, the initial expenses of which are sufficiently onerous, the members of which spend so considerable a portion of time before any cor-

responding remuneration is received, and a large number of whom are at all times supporting their profession by private resources, rather than supported, as they ought to be, by the income derived from it.

These are, we think, the main objections to the Bill. They are those which have been urged with greater or less effect at the meetings which have already taken place. They admit of easy remedy without essentially interfering with the general construction of the measure. The adoption of a restrictive clause, similar to, but admitting of more ready application than the one contained in the Apothecaries' Act; the admission to the Council of certain members chosen by the profession at large, one at least of whom shall be a Licentiate in Medicine, instead of some of the nominees of the Crown; and the reducing of the registration fees within their just and proper limits, are all that would be necessary. These are the alterations which seem chiefly called for; other and minor points may safely be left to the amendment which the bill must receive in passing through the forms of Parliament, or to the working of time.

SIR JAMES GRAHAM'S MEDICAL BILL.

SUFFOLK BRANCH MEETING.

A special general meeting of the Suffolk Branch of the Provincial Medical and Surgical Association, and of the Profession generally, was held at Ipswich, on Friday October 4th, to take into consideration Sir James Graham's Bill for the better regulation of Medical Practice throughout the United Kingdom. Mr. Bullen in the chair.

Among the gentlemen present were—Mr. W. Adams, Ipswich; Mr. Athill, Ipswich; Dr. Beck, Ipswich; Mr. C. R. Bree, Stowmarket; Dr. Bedingfield, Stowmarket; Mr. Blyth, Woodbridge; Mr. H. Beck, Needham; Mr. Chapman, Ipswich; Mr. Crowfoot, Beccles; Dr. Durrant, Ipswich; Mr. Davy, Beccles; Mr. Ellison, Ipswich; Mr. Ebdon, Haughley; Mr. I. O. Francis, Ipswich; Mr. S. Freeman, Stowmarket; Mr. E. Gross, Earl Soham; Mr. Gissing, Woodbridge; Mr. J. Growse, Hadleigh; Mr. Grimwood, Kirton; Mr. R. Growse, Bildeston; Mr. Jones, Woodbridge; Mr. Johnson, Ipswich; Mr. J. Kilner, Ipswich; Dr. Lanchester, Yoxford; Mr. Mills, Ipswich; Mr. Martin, Hollbrook; Mr. Mumford, Ipswich; Mr. Peacock, Ipswich; Mr. Pitcher, Ipswich; Mr. Pennington, Needham; Mr. Ranson, Ipswich; Dr. Ranking, Bury St. Edmunds; Mr. Sanderson, Ipswich; Mr. W. Scott, Ipswich; Mr. G. G. Sampson, Ipswich; Mr. Smith, Bury St. Edmunds; Mr. Wilkin, Walton; Mr. W. H. B. Webster, Ipswich; Mr. Ward, Stowmarket; &c. &c.

Mr. Bree said, as a desire had been generally expressed that a meeting should be called to discuss the measure lately introduced by Sir James Graham, he had convened the present by circular; it being felt that one of the great objects of the Suffolk Branch of the Provincial Medical and Surgical Association was, to assemble together upon subjects of this nature.

The Chairman, after thanking them for the honour conferred upon him, said they were all aware that the meeting was convened for the purpose of taking into consideration a bill lately introduced into the House of Commons by Sir James Graham, entitled a Bill for the better regulation of Medical Practice throughout the United Kingdom. He hoped that this measure, fraught with dangerous consequences alike to the profession and the public, would be freely and fully discussed; at the same time, he earnestly entreated that it might be deliberated upon fairly and dispassionately. It was irrational to suppose that a government called upon to legislate for the medical profession would designedly degrade it, and thereby injure the community at large. It would be unjust towards Sir James Graham to impute to him unworthy motives, when, in the House of Commons, he distinctly stated he desired that the provisions of this bill should be fairly canvassed, and he had afforded the medical profession ample time for that purpose. Let the medical profession then judge for themselves, and not be led away by the virulence of others; let them firmly, and, at the same time, respectfully, point out what they conceived to be the errors in this bill; let them claim that protection which their expensive course of education justly entitle them to expect; and let their petitions be in language such as would merit consideration, lest they be thrown aside as waste paper, and Sir James Graham protecting himself with the shield of power, turn off with disdain an ill-tempered and a rude weapon, and let it fall,

Telum imbelle sine ictu.

Mr. Bree then read letters received from Dr. Baird, Ipswich; Mr. R. H. Harrison, Botesdale; Mr. R. J. Peck, Newmarket; Mr. W. C. Worthington, Lowestoft; Mr. W. Muriel, Wickham Market; and Mr. Freeman, Saxmundham; severally regretting their inability to be present, but fully and entirely concurring in the object of the meeting.

The following resolutions were then proposed and adopted, and, with the exception of the sixth, carried unanimously.

Proposed by Dr. Beck, and seconded by W. H. Crowfoot Esq.:—"That this meeting having carefully considered the provisions of a Bill recently introduced into Parliament by the Right Hon. Sir James Graham, entitled 'A Bill for the better regulation of Medical Practice throughout the United Kingdom,' is bound to express its entire concurrence in those parts of the measure which they consider will secure a better education, and which acknowledge the principle of a higher and more uniform standard of qualification for the members of the Medical Profession."

Proposed by Dr. Durrant, and seconded by Dr. Bedingfield:—"That this meeting, while it approves of those parts of the Bill which it trusts will raise the position of the profession; at the same time views with surprise and alarm those clauses of the measure in which it is proposed to throw open the practice of medicine to ignorant and unqualified pretenders, by which the public will be deprived of all security, and the profession of that protection to which, as a large and important body of educated men, they consider themselves entitled."

Proposed by R. Martin, Esq., and seconded by C. C. Smith, Esq.:—"That it is the decided opinion of

this meeting, that the unrestrained practice of medicine or surgery, by uneducated or unqualified men, will not only be risking the lives of the public, and be seriously injurious to the interests of the educated and registered practitioner; but will also indirectly tend to remove that stimulus in scientific investigation, by which the science of medicine has of late years been so much advanced. And this meeting most unequivocally states that it considers the system of 'inducement,' suggested by Sir James Graham, will have no effect whatever in preventing the practice of uneducated or unqualified individuals."

Proposed by Dr. Ranking, and seconded by Spencer Freeman, Esq., and carried unanimously:—"That a petition, embodying the previous resolutions, be presented to both Houses of Parliament."

Proposed by H. Beck, Esq., and seconded by John Growse, Esq.:—"That this meeting sincerely hopes the Members of the county and borough towns of Suffolk will strenuously oppose, in Parliament, any measure affecting the Medical Profession, which throws open the practice of medicine to ignorant and unqualified men. That the petition to the House of Commons be presented by Colonel Rushbrooke, and that Lord Stradbroke, the Lord Lieutenant of the County, be requested to present the same to the House of Lords, and that the other Members connected with the county be requested to support its prayer."

Proposed by H. Wilkin, Esq., and seconded by R. Growse, Esq.:—"That this meeting is of opinion, that the most effectual means of suppressing illegal practice, would be attained by subjecting the offending parties to a fine of not less than five pounds for each offence: upon information before, and summary conviction by, two of her Majesty's justices of the peace."

Proposed by J. Davey, Esq., and seconded by J. Pennington Esq.:—"That the following gentlemen be constituted a Committee to watch the progress of Sir James Graham's Bill, and adopt what measures they deem expedient to promote the interests and support the dignity and honour of the profession; with power to add to their number:—"Dr. Beck, Ipswich; Dr. Durrant, Ipswich; W. H. Crowfoot, Beccles; C. C. Smith, Bury; Dr. Ranking, Bury; R. Martin, Holbrook; J. Growse, Hadleigh; — Blyth, Woodbridge; — Jones, Woodbridge; G. Bullen, Ipswich; G. Sampson, Ipswich; and C. R. Bree, Hon. Secretary."

The thanks of the meeting were voted to *The Times* newspaper, to Thomas Wakley, Esq., M.P., and the Editors of the Medical Press, and to the Chairman of the Meeting.

ESSEX MEETING.

On Thursday, September 26th, a meeting of the Medical Practitioners of the county of Essex, was held at the Shire Hall, Chelmsford, for the purpose of petitioning Parliament against the Bill introduced by Sir James Graham into the House of Commons, and to form an Association for the protection of their interests. Dr. Miller, of Chelmsford, in the chair.

Among the gentlemen present were—Drs. Henry Bird, Chelmsford; Branfoot, Brentwood; Geo. P. May, Maldon; S. J. Parker, Hatfield Broad Oak; and G. R. Rowe, Chigwell. Messrs. Henry Aldham, Witham; J. N. and W. R. Barlow, Writtle; C. H. and — Butler,

Ingatestone; T. S. and C. Butler, Brentwood; Thos. Bell, Felsted; — Beck, Sawbridgeworth; John Bean, Brentwood; R. Cremer, Chelmsford; O. Copland, Chelmsford; T. and — Cocks, Hatfield Broad Oak; W. H. Cary, Woodford; S. W. Clarence, Thaxted; C. Foaker, Great Baddow; J. S. Dobson, Harlow; L. Foaker, Great Baddow; J. T. Gilson, Chelmsford; Josh. Grice, Great Dunmow; J. Hutchinson, Little Waltham; J. Hunt, Billericay; T. King, Chelmsford; F. Lovell, Chelmsford; D. R. Mc. Nab, Epping; C. A. Merriman, Epping; — Potter, Ongar; S. A. Philbrick, Colchester; R. J. Peck, Newmarket; Henry Rust, Saling; — Proctor, Witham; — Raine, Billericay; W. B. Rix; T. Salt, Dunmow; C. Thackwaite, Wickford; T. and W. B. Tomkin, Witham; G. M. Whimper, Tillingham, &c.

A number of letters were read from gentlemen in different parts of the county, who could not attend the meeting.

The following resolutions were unanimously adopted:—

Moved by Mr. Thomas King, of Chelmsford, and seconded by Mr. W. R. Barlow, of Writtle:—"That this meeting, fully admitting the necessity which exists for a well considered plan of Medical Reform, has learnt with astonishment and regret the nature of many parts of the Bill for the better regulation of Medical Practice throughout the United Kingdom, recently introduced into the House of Commons by Sir James Graham.—That this meeting considers the repeal of the Apothecaries' Act of 1815, and the consequent permission to unlicensed persons to practise, will be injurious to the public at large, and unjust towards the great body of the Medical Profession, who have expended a considerable amount of time and money in submitting to the requirements of the present law, the benefits resulting from which they are now to be deprived of, if the proposed Bill should pass.—That the intended constitution of the Council of Health is objectionable, being too much under the influence of the Government, whilst the profession has little or no control in its formation or management; and from there being no general practitioner nominated upon it, an insult is offered to the great body of the profession."

Moved by Mr. Cocks, of Hatfield Broad Oak, and seconded by Mr. Potter, of Ongar:—"That it is unjust towards the present legally qualified practitioners to put them to further expense and inconvenience, by compelling them to register themselves every year: having already complied with the law, by no after legislation ought their just privileges to be taken from them.—That the proposed inducements for persons properly to qualify themselves hereafter for practice will be wholly inadequate to accomplish that object, the consequence of which will be, that the country will abound with incompetent medical men, the suffering and death resulting from which it is fearful to contemplate.—That this meeting pledges itself energetically to oppose the obnoxious clauses of the bill, and earnestly invites the co-operation of all the medical men resident in the county."

Moved by Mr. S. A. Philbrick, of Colchester, and seconded by Mr. George Mabey Whimper, of Tillingham:—"That an Association be now formed, to be called the Essex Medical and Surgical Association, for

the purpose of watching over the progress of the bill, as well as the general interests of the profession. That each medical man in the county contributing five shillings towards its funds shall be a member. That Dr. Miller be President. That Messrs. Foaker, King, Cremer, Hutchinson, Barlow, Gilson, Bird, Lovell, C. Butler, jun., and Tomkin, be the Committee. That Mr. Oswald Copland, of Chelmsford, be the Secretary."

Moved by Mr. Tomkin, of Witham, and seconded by Mr. James Grice, of Dunmow:—"That a petition against the bill be signed by the medical men of the county, and forwarded to both Houses of Parliament; and that the Members connected with the county be requested to support its prayer.—That Lord Rayleigh be requested to present it in the House of Lords, and Mr. Bramston in the House of Commons.—That the Committee be instructed to draw up a statement of the objections this Association entertains against the bill, and be a deputation to convey it to each Member of Parliament connected with the county.—That each Medical Practitioner be requested to exert what influence he has with any Member of Parliament in opposition to the bill."

The thanks of the meeting were severally voted to the Editor of *The Times*; to the Editors of the *Chelmsford Chronicle*, the *Lancet*, and the *Provincial Medical and Surgical Journal*; to Mr. Oswald Copland, the Honorary Secretary; to Mr. Wakley, M.P.; and to the Chairman, Dr. Miller.

SHREWSBURY MEETING.

A numerous meeting of the Medical Profession of Shrewsbury and the County of Salop, was held, on Tuesday last, at the Lion Inn, for the purpose of taking into consideration the provisions of Sir James Graham's Bill for Medical Reform. Dr. H. Johnson in the chair. The following gentlemen were present:—

Dr. Drury, Mr. W. J. Clement, Mr. Arrowsmith, Mr. Gill, Mr. Pidduck, Mr. Cartwright, Mr. Crawford, Mr. Keate, Mr. Edwards, Mr. Heathcote, Mr. Stephens, Mr. Wood, Mr. Dickin, Mr. Bratton, Mr. Griffith, and Mr. Foulkes, of Shrewsbury; Mr. Webb, Coal-pit Bank; Mr. F. Webb, Watling Street; Dr. Steedman, Wellington; Mr. Coley, Bridgnorth; Mr. Mott, Church Stretton; Mr. Wilson, Wem; Mr. P. Cartwright, Oswestry; Mr. Brookes, Wenlock; Mr. Wood, Prees; Mr. Millington, Rytton; Mr. B. Gwynn, Wem; Mr. Wilding, Church Stretton; Mr. Eddowes, Pontesbury; Mr. Weston, Wellington; Mr. Maxon, Wellington; Mr. Broughton, Ruyton-of-the-eleven-Towns; Mr. Lees and Mr. Walmsley, Hodnet; Mr. Seagar, Wellington, &c., &c.

Dr. Johnson having been called upon to preside, addressed the meeting as follows:—

Gentlemen, the object of this meeting is, to take into consideration the provisions of a Bill, recently introduced into Parliament by Sir James Graham, for the better regulation of medical practice. Meetings of the kind, and for the same purpose, have, as you are aware, been held during the last two months in various towns in England—for example, at Epsom, Leamington, Bedford, Stourbridge, Reading, Hereford, Birmingham, &c. From the numerous and respectable attendance, which I have the pleasure of seeing to-day, I am satisfied that I judged rightly, in thinking that

Shropshire would not like to remain inactive, and in the background. A letter having been received from Dr. Streeten, of Worcester, the Secretary of the Provincial Medical and Surgical Association, recommending and inviting the formation of such meetings, and addressed officially to our local Secretaries, I thought it incumbent on me, as Annual President of the Shropshire Branch, to request the Secretary to call a meeting for this day, and your answer to the call convinces me that we have done right. In opening the proceedings of the meeting, I do not think it incumbent on me to give you an analysis of the bill. The principal enactments relate to the repeal of the Apothecaries' Act of 1815; a bill which has, confessedly, done much to improve and protect the profession. Another clause of importance in the new bill is that requiring registration of all medical men who hold any office or appointment, whilst the private practitioner is exempt from any such requirement. This arrangement is defective in two ways. Lastly, we have a new institution established, namely, the Council of Health and Medical Education. I make no further comments on the bill, as you have all an opportunity of becoming acquainted with it from different publications; besides all the various enactments and provisions of the bill will be much better brought before you by gentlemen present, in proposing certain motions, which have been prepared by a provisional meeting, to which ALL the medical men of the town were summoned. I mention this merely that gentlemen present may not think this meeting at all confined, in any way, to Members of the Provincial Medical and Surgical Association.

The subjoined are among the more important resolutions adopted at the meeting:—

Proposed by Mr. J. M. Coley, seconded by Mr. J. Y. Arrowsmith:—"That this meeting views with pleasure the attention which has been bestowed by Government on the subject of Medical Reform, and whilst it hails with satisfaction some of the provisions of the bill about to be introduced into Parliament, yet this meeting is firmly persuaded that the profession, wherever its voice may be heard, will be unanimous in protesting against the unconditional repeal of the Apothecaries' Act, as a measure fraught with danger to the public, as well as to the profession, by throwing open the practice of medicine to unqualified persons."

Proposed by Mr. Webb, seconded by Mr. H. Keate:—"That this meeting do resolve that a petition be presented to the House of Commons, signed by the Medical Profession of Shropshire and North Wales, praying, that if it be deemed expedient in the proposed bill to repeal the Act of 1815, such legislative enactments may be introduced as shall prevent all unqualified persons from engaging in the practice of medicine and surgery."

Proposed by Mr. P. Cartwright, seconded by Mr. W. J. Clement:—"That, whilst it is admitted that it may be exceedingly difficult entirely to suppress *Quackery*, this meeting is decidedly of opinion that some measures more stringent than are contained in the proposed bill may be, and ought to be, adopted for the protection of the public and the profession against irregular practitioners."

Proposed by Mr. W. P. Brooks, and seconded by Mr. D. Crawford:—"That it being very desirable that

the voice of the profession should be heard in the proper quarter, a deputation therefore be formed to wait upon each of the County and Borough Members, for the purpose of explaining the glaring objections to which the bill, as now proposed, is subject, and to request the said Members to watch carefully over the interests of the profession, while the bill is under the consideration of Parliament."

Proposed by Mr. Mott, and seconded by Mr. Dickinson:—"That the following gentlemen be requested to form the deputation to wait upon the County Members. For North Shropshire, J. Y. Arrowsmith, Esq., and Peplow Cartwright, Esq.; for South Shropshire, T. J. Drury, M.D., and W. J. Clement, Esq.; for the borough of Shrewsbury, H. Johnson, M.D., and H. Keate, Esq.; for the borough of Ludlow, H. Hodges, Esq., and J. Valentine, Esq.; for the borough of Bridgnorth, J. M. Coley, Esq., and W. Thursfield, Esq.; for the borough of Wenlock, W. Brookes, Esq., and A. Bowyer, Esq."

Proposed by Mr. Cartwright, and seconded by Mr. Brookes:—"That the Members for the county of Salop, and the Members for the boroughs throughout the said county, be requested to form a deputation to wait upon the Home Secretary, to endeavour to obtain the introduction into the present bill of proper protective clauses against unregistered practitioners, and that the medical gentlemen appointed to wait upon the different Members of Parliament do solicit them to form such a deputation."

HAMPSHIRE MEETING.

A meeting of the medical practitioners of the county of Hants, was held on Thursday, October 3rd, at the George Inn, Winchester, for the purpose of discussing the provisions of Sir James Graham's Bill, Dr. Phillips in the chair. About fifty gentlemen were present, amongst whom were—Dr. Crawford, Winchester; Dr. Williams, Portsmouth; Mr. Budd, Fawley; Mr. Burnett, Alton; Mr. Covey, Alresford; Mr. Blatherwick, Fareham; Mr. Barnard, Fareham; Mr. Keele, Southampton; Mr. Workman, Basingstoke; Mr. Mayo, Winchester; Mr. Girdlestone, Southampton; Dr. Wood, Southampton; Mr. Corfe, Winchester; Mr. Payne, Andover; Mr. Pescott, Petersfield; Mr. Warwick, Nulbrook; Mr. Loveless, Stockbridge; Mr. George, Southampton; Mr. Stace, Southampton; Dr. Bullar, Southampton; Mr. Dayman, Millbrook; Mr. Spear, Totton; Dr. Troyman, Launceston; Dr. Hoffmeister, Cowes; Mr. W. N. Wickham; Winchester; Mr. W. J. Wickham, Winchester; Dr. Pitcairn, Winchester; Dr. Martin, Ventnor; Isle of Wight; Mr. Smith, Winchester; Mr. Burgess, Bishop's Waltham; Mr. Tweddale; Winchester; Mr. Paul, Winchester; Mr. Purcell, Winchester; Mr. Smith, Hythe; Mr. Davids, Cowes; Dr. Carr, Cowes; Mr. Woolridge, Southampton; Mr. T. Blatherwick, Titchfield; Mr. Covey, Basingstoke; Mr. Hammond, Andover; Mr. Fox, Broughton; Mr. Butler, Winchester; Mr. Herbert, St. Mary Bourne, &c., &c.

The following resolutions were passed:—

1. That the proposed bill for the regulation of the Medical Profession in so far as it aims at enforcing the possession of due medical skill by all licensed practitioners, and affording a simple and easy means of

distinguishing the skilful from ignorant pretenders to medical knowledge, is deserving of high approbation.

2. That the intended enactment of a uniform test of requisite qualifications for practice throughout all parts of the United Kingdom is a measure of which the propriety has long been universally acknowledged.

3. That approving, as we do highly, of the aforesaid provisions, we view with the utmost surprise and disapprobation the contemplated repeal of every existing penalty against unqualified and ignorant practitioners, *without* the substitution of any sufficient securities to the public against the consequences of their reckless and dangerous proceedings.

4. That this meeting does not recognize the principle, that the great bulk of the public are competent to distinguish between the skilful and ignorant pretenders to medical knowledge; it therefore is of opinion, that no measure of medical reform will serve the public good, which does not effectually prohibit unqualified persons, from their false assumption of knowledge, and the exercise of their reckless ignorance on the credulous and unsuspecting.

5. That the removal of all restrictions upon unqualified practitioners, besides being calculated to occasion unspeakable injury to the public, would be a gross injustice to the existing licensed practitioners, who have been constrained by law to expend much labour, time, and money, in the acquisition of medical knowledge.

6. That whilst we approve of the proposal to form a central Board or Council of Health for the regulation and government of medical education and practice, we must protest against its being constituted, to so great an extent as is proposed, (namely two thirds,) of persons to be nominated by Her Majesty's Government. That such a mode of constitution, would be much less satisfactory, than if the entire Council were chosen by representatives of the medical profession, who are necessarily better qualified to judge of the fitness of candidates for such offices.

7. That this meeting is of opinion, that the Act of 1815, has done much to restrain, though not entirely to prohibit, from practice, unskilful pretenders. That the Court of Examiners of Apothecaries appointed under that Act, have advantageously to the public performed their duties. We therefore earnestly object to the repeal of the said Act, unless some other measures are enacted to ensure a more efficient protection for the interests of the profession, and the Public. And that in the proposed Council of Health the said Company of Apothecaries ought to be duly represented.

8. That we greatly regret, that in the proposed reform of our profession, it is not contemplated to withdraw the existing moral sanction afforded by the government to the sale of quack medicines, by the levying of duties thereon; and that we consider such sanction to be discreditable to our country and the age in which we live.

It was further resolved that a petition should be presented to both Houses of Parliament, embodying the foregoing resolutions, and recommended that petitions be also sent from each city and borough of this county, through their respective Members, against the objectionable clauses of the bill; and that deputations be appointed to wait on their representatives in Parliament, for the purpose of impressing upon them the

injurious tendency of certain parts of the proposed bill.

The thanks of the meeting were voted to the Editor of *The Times* newspaper; to the Editors of the Medical Press; and to the Chairman and Secretary.

W. J. WICKHAM,
HON. SECRETARY.

BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

Sir,

I am directed to transmit to you the following copy of Resolutions, and to request the favour that they may be inserted in the columns of the Provincial Medical and Surgical Journal.

I am, Sir,

Your obedient servant,

C. H. R. HARRISON,
HON. SECRETARY.

Exeter Hall, October 7, 1844.

At a recent meeting of the Council, held to take into consideration the Medical Bill of Sir James Graham, it was unanimously resolved:—

I. That the Bill is exceedingly defective and illiberal in many respects, and if it should be passed by the Legislature in its present state, would be highly injurious to the public and the profession.

II. That it nevertheless recognizes and contains several important provisions founded on the great principles of Medical Reform, for which the British Medical Association has been strenuously contending since 1836; and that it would be inexpedient and unwise recklessly to oppose the entire measure, because it is defective in some respects, and illiberal in others.

III. That the chief defects of the Bill are:—1. The want of the true representative principle in the election of the ruling bodies in the medical corporations.—2. The absence of any provision for uniting the medical profession into one body, or faculty of medicine, upon the acknowledged principle that medicine and surgery, with their various subdivisions, (for the public convenience,) are but parts of one science, which can only be effectually taught as a whole.—3. The want of all effective protection to the public and the profession, against the evils arising from the practice of unqualified persons.—4. The unjust and illiberal constitution of the proposed Council of Health and Medical Education, in which the great majority of medical practitioners would have no voice, while the influence of the Home Secretary and the Government would be overwhelming.—5. The obvious effect of the Bill, in connexion with the Charters recently granted to the Colleges of Surgeons, would be to degrade general practitioners, and improperly to elevate pure surgeons and physicians.—6. The omission of any summary and inexpensive mode of enforcing penalties, (such as by information before two of her Majesty's justices of peace,) against those persons assuming medical titles, or falsely pretending to be on the proposed register.—7. The absence of any defined method of sufficiently making known to the public the names of registered practitioners.

IV. That the features of the bill, which the council recognise with satisfaction, and which, if properly carried out, would be beneficial to the profession, as well as to the community, are the following:—1. The appointment of a general Council of Health and Medical Education which, if justly constituted and judiciously worked, implies a greater concern for the public health than Government or Parliament have hitherto evinced.—2. The legitimate connexion for the first time of the profession with the Government, and thereby much readier access to Parliament, and to the Ministers of the Crown, through the Secretary of State for the Home Department.—3. The general superintendence of medical education, with uniform tests of qualification for practice.—4. The erection of the Council of Health into a Court of Appeal against any oppressive or unjust acts which may be committed by the medical corporations, and which have hitherto passed with impunity, and without redress.—5. The general registration of qualified practitioners.—6. The right to practice in all parts of her Majesty's dominions after being duly qualified and registered.—7. The provision against the assumption of medical titles by unregistered practitioners.—8. That none but registered practitioners can legally recover charges for medical or surgical advice, attendance, or operations, or for medicines prescribed or administered.

V. That the council having found, from previous experience, that all former attempts at practical legislation, by individual Members of Parliament, have failed; and this Association having, by deputation and correspondence, strongly urged upon Sir James Graham the propriety of Government undertaking the conduct of a bill to regulate medical qualifications and practice, upon liberal and broad principles, are of opinion that no measure would be likely to pass unless introduced by Government, and, therefore, that it is the duty of all medical reformers to endeavour to obtain such modifications of Sir James Graham's Bill, that it may be calculated to give satisfaction to the profession, and to confer the greatest amount of benefit on the public.

VI. That any medical bill which does not contain power effectually to restrain ignorant and unqualified practitioners from practising the healing art in any of its departments, will be most deceptive and injurious to the community, and most unjust to medical practitioners who have, at much cost of time and money, qualified themselves for the service of the public.

VII. That, therefore, separate and united representations should be made to Government and to both Houses of Parliament, setting forth the liberal and just principles which any medical reform bill ought to contain; and that the members of the profession, in their various localities, should immediately wait upon their respective representatives, to endeavour to impress them with the importance of the subject, and to gain their support to such a measure.

VIII. That the Council strongly recommend that deputations from the various organized Medical Associations, and from the different counties and towns where meetings have taken place on the subject of the bill, should hold a conference in London, at the commencement of the next Session of Parliament, or while the measure is before the Legislature, to adopt ener-

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

INTRODUCTORY LECTURE ON THE OPENING OF THE MEDICAL SESSION.

Delivered at the Leeds School of Medicine, October 1st,
1844.

By J. INGHAM IKIN, Esq., F.R.C.S.,
Lecturer on Anatomy and Physiology, &c.

The lecturer commenced by stating, that, it having devolved upon him to commence the business of the session, some observations, applicable in a special manner to the younger students, and to the study of anatomy and physiology, and medical science generally, were necessarily expected, and would form the substance of his present address. In the first place, he congratulated the students of former sessions, at again meeting them as *old* friends; *new* comers he welcomed to the work, which though arduous, well repaid the labour bestowed upon it. The older students must be aware that the present observations were not so much intended for them, as for those who were about to enter on the path already trodden by their seniors, and to whose perceptions everything has the freshness of novelty, coupled though it might be with some obscurity—an obscurity it would be the duty of himself and colleagues to endeavour to dispel. Whilst, then, he more especially addressed himself to the junior students, he requested the indulgence of those to whom the subject matter of his lecture could not appear of the same interest; for the field had been so often trodden, that it was indeed a difficult task to select such topics as should serve as a theme of attraction to the more advanced student. He should not, therefore, to-day, confine himself to the immediate subject of his own division of labour in the anatomical course, which would have been more consonant with his own inclinations; for, as a general rule, he believed it was found the best and most efficient mode of teaching to adhere as closely as possible to the peculiar department allotted to each, and that the good old rule “of sticking to the text,” applied as much to the teaching of anatomy and physiology as to any other science. But as the present occasion was a special one, and one on which a degree of latitude was allowed, he should not discuss in detail any part of his particular department—viz., that of general anatomy, though he should have to allude to it as being the

foundation on which the other divisions of anatomical and physiological science, as well as pathology, were built.

Mr. Ikin then dwelt at some length on the *acquirements preparatory* to the study of medical science, for medicine being a science of vast extent, as well as of paramount importance, the mind of the student must be originally well constituted, previously educated in certain preparatory branches of knowledge, and fitted for protracted study. Of all sciences medicine was least insulated; it was incorporated and blended with almost every other department of natural knowledge, and the more intimately the medical student was acquainted with the other departments of knowledge, the less difficulty would he experience in the prosecution of medical science, and the more likely would he be to promote its interests and extend its boundaries. He then alluded to the importance of education generally, the progress it was making amongst even the lowest classes, who were now better educated in most places than were the nobility and gentry of the fourteenth and fifteenth centuries. The medical student should be acquainted with the various departments of literature as well as science. He should be familiar with the Greek and Latin as well as with some of the modern languages, more especially French and German, otherwise he could not keep pace with the knowledge of the present day, and would be excluded from sources of information, the want of which he would often have reason to deplore. He alluded to the objections that had been urged against the study of the classics, and pointed out the fallacy of them, showing that instead of the time occupied by their study being ill bestowed, it was the contrary, and that classical learning, like *mathematics*, should be regarded from the difficulties to be overcome in its acquisition, as well calculated to form habits of perseverance and application, constituting a most useful mental discipline. Besides a thorough grounding in these *natural philosophy* must be studied, for an epitome of the law of physics was found concentrated in man. Without a knowledge of the science of *optics*, the mechanical beauties of the organ of vision could not be comprehended or appreciated; without a knowledge of *acoustics*, the

intricacies of the organ of hearing could not be understood, or the principles upon which the varied and complicated parts of that delicate organ performed its functions; without some acquaintance with hydraulics and pneumatics, the functions of the circulation and respiration, which were mechanical as well as vital, could not be understood.

If not amongst the preparatory studies, at any rate during some period of their education, they should endeavour to become acquainted with those other sciences which were allied to medicine—viz. Mineralogy and Geology; as to Botany and Zoology, they formed branches of medical science that the curricula of the examining boards rendered essential. Mr. Ikin also alluded to the art of *drawing*, as being an elegant accomplishment in itself, and of great practical value to the medical student. He moreover touched upon the proposed plan suggested at the recent meeting of the Provincial Medical Association, of establishing a school for the education of the sons of medical men, as being a most laudable and praiseworthy object, and one that could not fail to be attended with the best results, by tending to raise the character and improve the condition of the medical community.

With such a preparatory education the student would become well qualified to enter on the study of anatomy and physiology; and though he did not mean to say that a man might not be an acute practitioner, or a skilful surgeon, without undergoing such a preparatory education as that alluded to, he *did* declare, that having thus prepared his mind, he was more likely to *succeed* as a practitioner, and distinguish himself as a clever anatomist and surgeon. And here the question naturally arose, and to us it was a question of the greatest interest—has medical education kept pace with general education, and with the professional training of other classes? He might venture to answer fearlessly it had. Not, as had been strikingly said by Dr. Hawkins,* “not to the gifted few who spring to eminence in every age and from every soil, through their own native energy, with any, or with no cultivation; not to them should we look, but rather to the general body of the profession. For the business of education is with ordinary men, and it is to the comparative state of the mass of mankind that its effects are rendered the most apparent. Now, has any class of men advanced more rapidly within the last half century than the general practitioners of this country?” Assuredly they are not behind the age, so great has been their progress in various parts of knowledge, so widely has their system of education been extended, and so eminent have many members of the medical profession become, not only in our own country, but in France, Germany, and Italy, through their zeal in the prosecution of their art, and their unprecedented success in scientific research. And, yet, continued the lecturer, making these advances,

rising in public estimation, improving the social condition of the community, and prolonging the lives of its members; superintending, and guiding safely man's feeble entrance into the world, and soothing and relieving the pangs of his departure from it, they are by the legislature, (if the ill-digested and unsatisfactory bill of Sir James Graham, though it contained some good points, is allowed to become the law of the land,) to be stripped of all protection and encouragement, and quackery is to be allowed to reign triumphant and uncontrolled. But be not dismayed, as there is little probability of the bill passing in its present form, in face of the general condemnation of the profession; and even let the Government legislate unjustly, as far as the rights of medical men are concerned, and the quack and impostor for a time usurp our rights, rest assured this state of affairs cannot long continue, for art and science will never in the long run be defeated by ignorance and audacity, nor the members of an honourable profession be permanently injured by either rash legislation, or unscrupulous empiricism. What have we done as a body to merit such treatment in the eye of the law. Are the irregularities, anomalies, and discord of the various authorised medical boards to be alleged as reasons for punishing the whole body of members, merely nominally connected therewith? And are a class of men, so eloquently described by Professor Marx, in his treatise, “On the decrease of disease as affected by the progress of civilization,” to be treated by the legislature with injustice and neglect,—to be made use of when required, and cast aside with indifference when their services are not in immediate use? But hear what the Professor says, and who, in listening to his words, does not feel proud to be classed amongst the members of the medical profession:—“Medical men,” says he, “have no place in the body politic, and it would be well for humanity if they had, for who, since the revival of letters in Europe, have been present in every undertaking whose object has been to extend the boundaries of knowledge, and to exalt mankind? Who know half so much of the wants and wishes, of the joys and sorrows, of the community? Who are the friends and comforters in adversity of every class, from the sovereign and the peer to the wretched outcast of the streets, houseless, homeless, friendless, else? Who disarm pestilence of its power, and give Jenners to the world? Who follow in the field, or stand the deck, through the thickest of the fire, *not* that they may aid destruction in her work, but, God-like, that they may staunch the wounds she makes? Who frequent the noxious and infectious wards of the fever hospital, that others dread to approach, to ease the sufferer, and administer antidotes to a poison so subtle in its nature? Who but the medical profession, medical men! The servant of religion hath not more of true sanctity about him than the philanthropic, con-

scientious, and skilful physician. The service indeed that was rendered of old in special temples, to the Divinity, conceived in one of his most beautiful attributes, is not yet extinct upon the earth, but has its ministering priest enrolled by Christianity in every worthy member of the medical profession. Let then society cherish and exalt its medical community; let it become aware that if science cannot aid us in our treatment of disease, neither can ignorance; that nothing can by possibility be known to the quack and empiric that is not familiar to the educated physician; that a youth of preparation, and a life of diligent research and observation, and of ceaseless devotion to his art and medical science generally, *are all too little* to familiarize him with all the varieties of disease and the means of meeting them successfully, and that there is no access to the temple of medicine save through an intimate knowledge of the laws by which we live and move, and have our being."

With these exalted sentiments and feelings, animating the great bulk of our noble profession, I repeat, we need not apprehend that our interests will ultimately suffer by any legal enactment. No our noble art is not destined to be under the controul of the pen of the lawyer, the medical courtier, or the clauses of any Act of Parliament; and though empiricism, and the whole tribe of hydropathists, homeopathists, mesmerists, and others, whether in the profession or out of it, (for no profession is without its unworthy members,) may cause us annoyance, and even lessen for a time our pecuniary resources, in the end, science, truth, and skill, will bring their own reward, and openly display the mean trickery of ignorance, and lay bare the brazen-faced impudence and roguery of the quack and impostor. One clause of the proposed Medical Bill, I may be allowed on the present occasion to allude to, without entering further into medical politics, as it relates to the younger student and to those about to enter the profession. I allude to the apprenticeship clause. It is indisputable, that the system of apprenticeship has been much abused, especially in the country, and in towns not possessing recognized medical schools; for a young man not having the opportunity of attending a lecture, or witnessing the practice of a hospital, till a five years' apprenticeship is expired, is a great loss of time, and causes a considerable increase of expenditure. Some remedy of this abuse, then, is required, and medical men in the country must be content in future to take pupils for a shorter term, or engage assistants, or make such other arrangements for the compounding of their medicines, as will answer their purpose; but the system of pupilage, though no longer compulsory, will doubtless be continued, as found from experience to be the best, most economical, and most convenient mode of bringing up a young man to the profession, and the large towns possessing the medical schools will necessarily be

selected in preference to other places, as presenting opportunities for instruction and advancement not to be derived elsewhere.

With these preliminary remarks on education generally, and on matters connected with it, the lecturer proceeded to take a review of the various fundamental branches of medical science that must be studied by the student in the course of education rendered essential by the examining boards. As a primary department of medicine, *chemistry* required the earliest consideration, and was, moreover, a study fraught with ever new and never failing delight. Chemistry being the science of the elementary constituents of bodies, leads therefore to an intimate acquaintance with every object in nature; moreover, without a knowledge of it, we could not comprehend the nature of many of the animal functions, nor the composition of the most active medicinal agents, the nature of morbid products generated by disease, nor see our way through the intricacies of forensic medicine. Indeed chemistry was daily growing in importance in its application to every department of practical medicine, being now directly useful in the diagnosis and treatment of diseases of the urinary organs. It furnished a key to the most important rules of diet, in health as well as in disease, and bade fair to supply much that was wanting in the explanation of the origin of many maladies, and the most direct mode of preventing them; and this was mainly through the aid of *organic chemistry*, of late far advanced, and especially by the labours and genius of the illustrious Liebig. It was by means of the discoveries and improvements in organic chemistry, that we were able to explain the intimate constituents of the animal texture, and it was by the same means that the experimental physiologist and clinical observer were enabled to solve some of the dark problems of the operation of medicines, a subject replete with practical importance, and one that yet had too much in the region of conjecture. The proposed establishment of a *College of Chemistry* showed that the public were alive to the importance of promoting the study of the science.

Another fundamental study was that of *Materia Medica*, an interesting department of natural history. It was a branch of medicine indispensably necessary to the practitioner; the virtues, properties, and doses of medicines, must be learnt before they could be safely employed, or judiciously administered. But to turn to the most important branch of medical science, *Anatomy*, for it pre-eminently held the first place, what was the great end of medical art? Was it not to prevent, to cure, and eradicate disease? And as all disease was inherent in some structure, the very first step therefore was a knowledge of the structure in which it resided, for if the structure was not known, neither could the disease be treated philosophically or successfully. With further observations on the paramount

importance of the subject, and the mode in which it should be studied, and on the various recent discoveries in anatomy, and on recent microscopic researches, and after pointing out the distinctions between comparative and human anatomy, general and special, descriptive and surgical, developmental and philosophical, or transcendental, as it had been termed; the lecturer proceeded to explain, by means of preparations, diagrams, &c., the order of teaching which was adopted at the Leeds School, in the anatomical course. This it is unnecessary here to insert. He concluded this part of his subject by saying that human anatomy lay at the root of all investigations into medical science; it was the foundation on which all medical investigations rested; it was the polar star to which the surgeon had to trust, amidst the darkness of practical difficulties and dangers.

He then proceeded to point out at some length the relation subsisting between comparative and human anatomy, and gave several illustrations of the intimate connection of the two, which he elucidated by means of preparations and drawings. He in particular alluded to the light that had been thrown on the intimate structure of glands, by the study of them in the lower classes of animals. The peculiarity of this structure he explained according to the most recent investigations. In the same manner the *anatomy of development* was aided by the observations of the comparative anatomist, and disclosed some of the great principles which nature followed in the formation of organised beings. Illustrations of these principles in laws were then given, and they were found to hold good not only in regard to individual organs, but likewise, though in a more limited degree, to the entire body; and in this sense, as had been said by Professor Sharpey, it seemed to have suggested itself to Aristotle and Harvey, who remarked that animals resemble each other the more, the nearer they are to their origin.

Another study springing directly from, and connected with, both human and comparative anatomy, was *Physiology*, meaning in its literal acceptation the knowledge of nature; but in its more usual and restricted signification, it denoted the science of organic actions or functions: or, in other words, the several processes which take place in the living body come under the province of physiology, whilst all that related to the organisation and structure of the body belonged to anatomy. Thus the latter treated of structure, the former of functions; and these functions appertain both to vegetable and animal structures, consequently we speak of vegetable and animal physiology. Structure and function being so intimately allied, they must be either investigated together, or the investigation of the one must immediately succeed that of the other. Hence it is found customary to teach physiology as an integrant part of an anatomical course. The lecturer then referred to the fascinating subjects embraced in the study of

physiology, and compared the working of a mere mechanical construction, like that of the steam engine, the complicated movements of which showed the transcendent effort of human genius, with that of the *animal machine*, which is also a *living machine*, and is acted on by powers which mechanics alone can never explain, and the investigations of which are higher and more refined than those to which mechanical science can ever conduce. In studying this living machine, we contemplate man's extraordinary capabilities, who, besides displaying those powers that arrest attention in the inferior animals, exhibits likewise those sublime moral and intellectual endowments, which raise him far above every other animal, and fit him for purer pleasures and a higher destiny. Can we, continued Mr. Ikin, contemplate these capabilities, or come to the investigation of such sublime mysteries, without emotion, or without being lost in "wonder, love and praise," and from the sincerest conviction exclaiming, truly "the hand that made us is divine." In a properly constituted mind such a study can be attended with no other results than the bringing of it to contemplate with greater admiration, the never erring, though unseen hand, which created man, the living miracle of nature; and thus he is led from the creature to the Creator, so that the bare idea of such studies leading to materialism and infidelity, as at one time was too commonly entertained, is now universally discarded.

Complicated, however, as are the functions of man, they have been systematically arranged into three classes. 1st, those of vegetative or organic life; 2nd, those of relative life; 3rd, those of reproductive life. The first class includes the functions of digestion, absorption, circulation of the blood, respiration, and secretion, or those powers under the influence of which the system is repaired and supported. The second class comprehends the functions of the motor and sensitive organs, the combination of which constitutes *relative life*, or those powers which bring us into close and intimate relationship with external nature, and enable us to appreciate and enjoy that relationship. And lastly the functions that constitute *reproductive life*, are those by which the new being is formed and rendered susceptible of an independent existence.

Such are the subjects that engage the attention of the physiologist, and which have occupied the thoughts of medical philosophers of all ages; and although many brilliant discoveries have been made in this rich field of scientific research, yet the science is far from being complete or perfect. As examples of improvements in anatomy and physiology recently made, and bearing on the practical part of our art, may be specially named, the late researches of various scientific investigators on the nervous system, and more especially those of Dr. Marshall Hall. By these much that was unintelligible in diseases of the nervous system has

been satisfactorily explained, and their diagnosis and treatment received proportionate aid. The same with regard to the heart and liver; the researches of Kiernan on the latter organ being specially valuable. The intimate structure of glands generally was now much better understood; and Bowman and Todd had most ably elucidated the structure and properties of the mucous membranes.

Indeed many discoveries, both in anatomy and physiology, had of late years been made, to which their attention would be directed during the course. *Facts* would be laid before them; but to enter into a discussion of all the new theories and speculations of physiologists, would not be a profitable occupation of their time. The recent researches of Dr. Barry would be brought forward, as well as those of Schleiden and Schwann, on the development of cells, a theory which goes to show that most animal and vegetable structures consist primarily of a central cellular nucleus, on which other nuclei are developed. In the recondite and elaborate province of microscopic anatomy much would be found both to interest and instruct them; for to the microscope we were indebted for a knowledge of the intimate structure of the skin, its various papillæ, sudorific glands, and ducts, also of the minute structure of mucous membrane, the glandular apparatus, the real structure of bone, teeth, cartilage, tendon, muscle, cellular tissue, as well as of the form and distribution of the blood, lymph, and other organic globules; in fact on all that may be called the physiological anatomy of the animal body.

It had been objected, and no doubt with some reason, to microscopic observations, that they are peculiarly liable to fallacy; but this objection could apply only to cases in which very high magnifying powers are employed, and these were seldom required. It might be remarked, moreover, that no method of enquiry was totally exempt from fallacy, which required to be guarded against on the part of the observer by great experience and skill. The eye itself, though infinitely surpassing all instruments of human construction, was liable to deceive us, and our vision required to be aided and corrected by experience, and by the information derived from the other senses. In short, the objections to the use of the microscope were as nothing in the scale when weighed against its advantages. It was by examining the transparent parts of living animals with the microscope, that Malpighi discovered the capillary blood-vessels, and observed the blood passing along them, a discovery without which that of the circulation, by Harvey, could not be regarded as altogether complete. Whilst thus extolling the benefits from the use of this ingenious instrument, he wished not to be thought to lay too much stress on its employment, as the tendency, or the rage, so to speak, in the present day, in the anatomical and physiological world, was to microscopise to almost too great an extent, and to overwhelm the

mind with such a series of minute observations as at times to cause confusion and obscurity. It was, therefore, better to guard against all extremes, and not to allow the mind to be carried away with every new theory or novelty, till time and observation prove them to be indisputable facts, incapable of controversy.

Microscopic illustrations during Mr. Ikin's lectures on general anatomy would be given from time to time, and he was happy to say his respected colleague, Mr. Teale, had made the school a present of a handsome microscope.

He concluded this part of his lecture by exhorting the students to a careful study of comparative anatomy and physiology, even after the routine of their education was completed, and to study them for their own intrinsic merit, and they might rest assured they would find them amongst the most interesting and useful pursuits in which they could be engaged. The examples held out to them by such successful cultivators of these sciences as Cuvier, Hunter, Blainville, Grant, Müller, Cooper, and others, should be their encouragement for so doing. The field of inquiry was endless, and who could tell but that the least informed of those that at present occupied the benches before him, might, by diligence, perseverance, and a moderate share of talent and ability, still further enrich this field of science, and make some discovery which would render his name and reputation an enduring one; for they must ever hold in mind that genius and the highest talents were comparatively thrown away without a due proportion of industry and application. They would find through life that it was the steady, plodding, and industrious man, that succeeded; whilst the man of mere genius and talent would often be left behind in running the race of life, and contending for the riches and honours, a greater or less amount of which we were all more or less anxious about.

Connected with the course on anatomy and physiology we add *Pathology*, which, in its usual acceptance, means the study of disease; but it is the morbid states and changes to which each individual texture is liable, that is treated of in this course. Pathology is a very extensive field; it is so to speak the science of disease, and as disease exhibits itself either directly in the form of some structural change, or indirectly under the appearance of some functional derangement, pathology consequently includes morbid anatomy or the science of diseased structure, and morbid physiology or the science of diseased function. It is the object of pathology to establish the relationship between diseased structure and diseased function, and to trace every symptom of disease, as they would be taught in the course of practical medicine, to its proximate or structural cause. This was something more than the mere knowledge of symptoms.

Illustrations of this relationship were then given; diseased vital processes, like the healthy, take place

in the intimate texture of parts. Inflammation, for example, has its immediate seat in the minute or capillary vessels. Diseased growths, also, as regards their origin, progress, and essential structure, can be successfully investigated by him only who is conversant with healthy texture, joined with the philosophical spirit, which is now extending itself to all pathological inquiries, promising to lead to highly important results in this difficult path of investigation, aided as it was by the judicious use of the microscope.

Mr. Ikin then shortly reviewed the other fundamental branches of medical science, alluding particularly to surgery, the practice of medicine, midwifery, and forensic medicine. On each of these subjects he made some short observations, summing up in a few words their nature and objects, and pointing out the manner in which they should be studied. As regarded both practice of medicine and surgery, the student had ample opportunities at the Leeds school of studying them efficiently; for besides the lectures, there was an extensive and well-conducted Infirmary and Fever Hospital, in which both might be learned at the bedside, and with the assistance of able and experienced officers, by whom clinical lectures would be given; as well as at the Eye and Ear Infirmary. With these facilities for improvement they would be able to store up a fund of useful knowledge, which might be turned to advantage long after they had left this school, and when they had entered upon the laborious and trying duties of professional practice.

Thus the education here given was practical in all its bearings. The general education of the student was not of course directly within their controul; but it had been shown that it should be comprehensive, in order to suit the spirit of the age, and to form a proper basis for the professional knowledge which must be reared upon it. There was nothing but the diligent accumulation of general and professional knowledge, according to their opportunities and abilities, which could lead to conscientious and honourable practice, for nothing else could create thorough independence, and therefore foster an abhorrence of all the acts of puffing and quackery, whether evinced in the humbugs of the day, as hydropathy, homœopathy, and mesmerism, or in popular displays regarding medical science, or in the profession of secret remedies or the boasted discoveries of specifics. In one or other of these forms it was, that quackery was generally met with, and, unfortunately for the medical body, it was to be found both within as well as without the profession, but as had been well said on a similar occasion to the present, "whosoever pretends to skill or knowledge which he does not in his conscience believe that he possesses, is not a follower of Hippocrates but of Paracelsus, the prince of quacks, and after the example of that arch pretender, the putting forth of false pretensions is generally coupled with the still more mean and vulgar art of

deprecating and traducing others. But let him who thus attempted to proclaim himself by interested boasting and vain display, be aware, that however he may deceive for a moment and profit temporarily by his deceit and vanity, in the end he is almost certain to be exposed, and to be left without credit for truth or honesty, and with the discredit also of contemptible ignorance."

With a few words of admonition and warning to the students, and after urging them to attend diligently to their studies, and not disappoint the expectations of their friends and teachers, he concluded by saying, that as for himself and colleagues, whose duty it was to instruct them, neither zeal or assiduity should be wanting on their parts to render the anatomical as well as every other course, as efficient and useful as possible, and equal to those given at any other provincial school. He was happy to be able to inform them that at present they had ample means for prosecuting dissection, having a good supply of subjects. At all times, however, it should be held in mind, that in the comprehensive subjects they had to teach, the best and most accomplished teachers are still students—still, like themselves, learners, the only difference being, that the former were no longer beginners, but had made some progress in their course,—so that imperfections and deficiencies were to a certain extent unavoidable. The lecture-room was not the place to find fault in, for the art of fault-finding was an accomplishment easily acquired, and the peculiar characteristic of a self-conceited and ungenerous mind; but it was their duty to come to the lecture room to seek instruction, and it was a duty they alike owed themselves, their parents, and their teachers, to come there with a determination to improve *themselves* and to be instructed; for, he took it for granted, none came but those who required instruction, and he wished and urged them to be, in the true sense of the word, *students*." It was their interest, as it was assuredly their duty, diligently to cultivate professional knowledge; and whilst they thus laboured to promote their own interests and happiness, they would have the encouraging idea that in a corresponding degree they tended to promote the happiness of others."

* *Lancet*, 1841.

ON THE USE OF CHLORIDE OF LIME IN FEVER.

By CONWAY T. EDWARDS, Esq.,
Surgeon, Bath Easton, Bath.

Most persons, and all medical men, are acquainted with the domestic purposes for which the solution of the chloride of lime is used. Its peculiar property of destroying unpleasant effluvia, renders it particularly valuable in the chambers of the sick, and especially in those of patients suffering from contagious fevers. Yet, except in one solitary instance, recorded I believe in the pages of this periodical, its use as a remedial agent, does not appear to have extended beyond

sponging the surface of the body with a weakened solution; sprinkling it in the apartments, and mingling it with the secretions.

It is a singular fact, that notwithstanding the acknowledged powers of this preparation over the offensive effluvia arising from external causes, no account has been published of its effects on the mucous surfaces of the fauces, stomach, and bowels (whence such effluvia are generated, in febrile diseases,) when internally exhibited; and as they are well marked, perhaps I may be pardoned for introducing the subject to the notice of the members of the Association.

Among the phenomena attendant on febrile diseases, the putrefactive fœtor of the breath and secretions, is at once characteristic and remarkable. From the commencement of the attack, to the termination of the disease, whether it be in convalescence or in death, it is more or less invariably present; the correction of this symptom would, therefore, be a most important point gained in the treatment of the disease, as it would appear to involve with it in destruction, one of the more immediate causes to which the violence of the attack may be referred—namely, a morbid condition of the secreting vessels. To attempt to check a cause, through a symptom, does not appear at first sight to be very scientific, yet, if a curative reflex action result from such a mode of proceeding, then we are justified in appealing to the symptom, in preference to that of the supposed cause or causes. The solution of the chloride of lime, when given internally, immediately destroys this symptom, and reacts upon its cause, for the fœtor of the breath is directly subdued, and within a short period the fauces lose their dryness, and the secretions their offensive character. These would be very important points gained, were nothing more effected; but the good does not rest here. By the continued correction of these offensive secretions, the vascular surfaces which pour them out are made to assume a healthy action; the system relieved from the poisonous presence of these exhalations, rallies in a very rapid manner, and permits a generous diet, with corresponding remedial means, to be used much earlier than they otherwise would be.

That a great portion of the characteristic and justly dreaded exhaustion originates from the poisonous atmosphere which is evolved from the patient, and the causes that produce it, is evident from the fact, that a rally is experienced directly the system is relieved of its presence; and therefore, to overcome this, is to destroy one of the most formidable symptoms with which the practitioner has to contend in his treatment of typhoid and other contagious fevers. A striking instance of the truth of these observations will be found in the following case:—

A lady attended a very crowded private ball last winter. The rooms were intensely hot, and badly ventilated, as almost all the apartments of private houses are. To obtain relief from the oppressive atmosphere, she seated herself near an open door, and partook of water-ice. A few days after this she sent for me. Symptoms of high inflammatory fever being present, protochloride of mercury, scammony, jalap, neutral salts, and tartrate of antimony, were freely administered, with abstraction of blood, and a blister between the shoulders during the first twenty-four hours. These means reduced a very strong and rapid pulse to

90; so that I had good hopes a blue pill every night, a cathartic draught every morning, and effervescing medicine during the day, with tepid sponging, would soon bring the complaint to a favourable issue. But in this I was disappointed. Towards the end of the sixth day, whether owing to the gradual increasing nourishment, or from the typhoid character which hitherto had as it were lain dormant, but was now developing itself, the throbbing headach returned with increased violence, the eyes became suffused, and the face assumed that peculiar reddish-brown glow, and expression of anxiety, so characteristic of synochus. The breath was fetid, the pulse 110, and weak; and the alvine secretions became dark, and particularly offensive. Leeches were applied to the temples; cold water was poured on the head, and ordered to be drank freely; the whole body to be sponged three times a day with a weak solution of the chloride of lime; calomel in small doses, combined with muriate of morphine; a cathartic draught once a day, (sufficiently powerful to carry off the collected secretions,) and antimonial medicine, was the treatment, with little variation, during the succeeding week. The diet was farinaceous.

The morphine gave very troubled sleep at night, and towards the end of the week occasional delirium was present; the breath continued foul; the faces black; but the pulse never rose beyond 110, nor sunk below 100, during this week. The question of treatment was evidently resolving itself into one of diet; but the family knowing the nature of typhus fever, and expressing no wish for further advice, I considered it best to feel my way a little longer, before the plan of treatment should be altered, when an accidental circumstance determined the line of conduct to be pursued. The nurse, according to desire, having thrown the solution of the chloride of lime on a recent evacuation during my visit, and at once destroying its effluvia, it immediately occurred to me, that if the solution were mingled with water, and given to the patient instead of common water, a similar effect would be produced. Acting directly on the thought, a tablespoonful was mixed with a tumbler of cold water, and the patient requested to drink a fourth of it; the breath was *immediately* corrected, and before the evening, the evacuations, though black, had lost their characteristic odour; the tongue became unloaded and moist, and a gentle perspiration pervaded the whole body. At eight o'clock, half a glass of port wine in warm water was given. At ten p.m., a grain of morphine, and five grains of James's powder; a dose of castor oil ordered in the morning, and the chloride of lime solution as a diet drink.

Six hours comfortable sleep was the effect of this treatment, and on awaking, the surface of the body was bathed in perspiration. The patient progressed favourably until the end of the week, when a slight relapse occurring, the solution of the chloride of lime was again resorted to, which, with a little blue pill and cathartic draught for a few mornings, reduced every unfavourable symptom.

To the solution of the chloride of lime, may be fairly attributed, the reduction of this fever, both in force and duration. Since then, I have administered it in doses of half an ounce to a pint of *soft* water, in all cases where feverish symptoms are present, with the greatest benefit to the patient. Cases of indigestion,

and those popularly termed bilious, derive relief from it. From this account of some of its medicinal qualities, I would not wish it to be inferred that I regard the solution of the chloride of lime as a specific in fever, but that administered by a practitioner, at the moment when his judgment deems it necessary, it will materially assist the action of his other remedies, by immediately destroying one of the most oppressing and obstinate symptoms which attends on all febrile diseases, but more particularly those of a typhoid character.

CASE OF LOOSE CARTILAGE IN THE KNEE JOINT.

By HENRY TERRY, Esq., F.R.C.S., Surgeon to the General Infirmary, Northampton.

George Richards, aged 17, was admitted into the Northampton General Infirmary April 30, 1843, on account of chronic pain and swelling of his right knee. He said that he had injured himself by a fall on the ice three years ago, and that his knee had been getting worse ever since. He was kept in bed, and treated by cupping and blistering. During the progress of this treatment, an acute attack of synovial inflammation came on, and he then said that he had, two or three times before, suffered a slighter attack of similar pain, which had passed off in a few days. The present attack was severe, but it yielded to active treatment more readily than synovitis usually does.

On carefully examining the knee after the pain and swelling had subsided, a loose cartilage was discovered in the cavity of the joint. The patient said he had felt this for several months, and had considered it as the cause of the occasional attacks of pain which he had experienced. It seemed also to have been the cause of the recent inflammation, which was consequently symptomatic rather than idiopathic, and I thought that it was on that account perhaps that it had been so easily subdued. With so much chronic disease of the joint, and after so recent an attack of synovial inflammation, it seemed doubtful whether or not it would be justifiable to operate for the removal of the cartilage; but, after consultation, it was decided upon to do so, and I was the more inclined to this decision from the circumstance of the patient himself being very anxious to have it done. He now thought it was the chief circumstance which prevented him from walking, and fancied that he could get about pretty well if the little moving substance were taken away. It seemed clear also, that although there might be danger from the operation, there was at least an equal degree of danger in allowing a source of irritation to remain in the joint.

The operation was performed August 29, 1843, and the substance was easily removed. The wound was drawn together by one stitch and a strap of plaster; it was very tightly bandaged, and thoroughly wetted with cold water. The limb was put in a straight fracture box, a little elevated above the thigh; the most perfect state of rest was enjoined, and the lowest description of diet. I saw him four hours after the operation, and found him quite comfortable, and without pain; but I thought his pulse was getting rather too much up. It had increased both in strength and frequency since the operation, and I

feared that with such a circulation (though not more than ninety in a minute) local inflammatory action would probably soon take place. I, therefore, took thirty ounces of blood from his arm, and gave him the following medicine:—

Tartar emetic 1-6th of a grain.
Sulphate of magnesia . . 1 drachm.
Saline mixture 1½ ounce.

To be taken every four hours.

Some folds of the bandage were cut, and the wet application was made effectual by the agency of capillary attraction; a bit of worsted hanging out of a bottle of water kept up a continual dropping on the part.

He was comfortable in the evening, and the pulse was much subdued; the bowels were freely opened; he was comfortable again the next morning, and, in fact, had no unpleasant symptom during the period of his recovery. The plaster was not taken off till the tenth day after the operation, when it was found that the wound had united by the first intention. Indeed, it was quite healed, excepting the little apertures occasioned by the suture. The stitch was taken out, and in two days more, when it was looked at again, it was found quite well; the plaster and bandage were left off, but the limb was still kept quiet in the box for another two days, when (that is, in a fortnight after the operation) all treatment was discontinued, and he moved about freely in his bed.

He had thus recovered, as far as the loose cartilage and the operation for its removal were concerned, and these alone it is the purpose of this communication to describe. But the relief which the poor man hoped to receive from the operation was not obtained. He found the original disease still a barrier to his getting about, and this, after a time, went through the ordinary stages of scrofulous disease of the knee joint. His strength and flesh gave way, and it became necessary to remove the disease by amputation. I would only remark, that the absolute rest, the continued application of cold water, and, more especially, the free loss of blood a few hours after the operation, seemed instrumental in preventing the effects which sometimes arise from opening into the knee joint, and conducive to the rapid healing of the wound.

DEATH FROM THE IMPACTION OF A PORTION OF THE BEARD OF BARLEY UNDER THE TONGUE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case, which I attended with Mr. Peck, of Newmarket, is one which you may perhaps think worthy of a place in your journal.

I am Sir,

Yours very truly,

W. H. RANKING, M.D.

Bury St. Edmunds.

J. G., aged 17, the son of a wealthy farmer near Newmarket, of remarkably robust frame, was first seen by Mr. Peck, on the afternoon of the 28th of September. He complained of sore throat, with difficulty in moving the tongue. The soft parts forming the floor of the

mouth were much engorged, and with the terminations of the sublingual ducts were raised upon a level with the teeth of the lower jaw. The fauces were not implicated. Deglutition was painful, from the difficulty experienced in moving the tongue, articulation was impeded, and there was considerable fever. Upon making enquiry as to the onset of the complaint, it appeared that on Wednesday, the 25th, while engaged on the farm, he put a grain of barley into his mouth, with a portion of the beard attached, and feeling that it pricked him beneath the tongue he removed it, but was not confident that he had not left a portion sticking in the mouth. He felt no further uneasiness until the Friday, when his throat became swollen, and fever and restlessness ensued. Leeches were applied, followed by a blister, and the bowels were freely acted upon by calomel and senna. On Sunday the swelling had increased, and several deep punctures were therefore made with a bistoury, in the neighbourhood of the sublingual ducts. No appearance of the barley "haw" could be discovered. On Monday he had a severe rigor, and his pulse became rapid and lost power; his features likewise became collapsed. Under the impression that abscess had formed, the part was again punctured deeply, but without giving issue to pus. As the symptoms rapidly became more severe, I was sent for and met Mr. Peck, at half past eight, p.m. The patient was at that time evidently sinking; he was without pulse at the wrist, extremely restless, but perfectly collected. Brandy and ammonia were ordered, and half a grain of morphia was administered immediately, and the effects sustained by smaller doses at intervals. He became more quiet under this treatment, and his pulse rallied for a short time, but he gradually sank and died on Tuesday.

Post-mortem examination thirty hours after death, in the presence of Mr. Peck, his son, and myself. Decomposition rapid; the neck livid and puffed up with emphysema; brain healthy, but slightly congested.

Upon cutting into the neck, the cellular tissue was found to be dark, and filled with air. Dissecting inwards, through the genio-hyoid muscles, we came to a gangrenous abscess, the size of a turkey's egg. The genio-hyoglossus, and lingualis muscles, and the substance of the tongue, as far back as the epiglottis, were converted into a complete putrilage. In the centre of this mass of gangrene was found a portion of barley "haw," or beard, an inch in length.

CASES OF STRANGULATED HERNIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—

I beg to forward the following cases of strangulated hernia for insertion in your useful journal.

I remain, your obedient servant,

HENRY EWEN, M.R.C.S.E.

Long Sutton, September 14, 1844.

CASE I.—STRANGULATED FEMORAL HERNIA RELIEVED BY OPIUM.

May 6, 1844. At the request of my friend, Mr. Barron, of Holbeach, I visited Stephen Alcock, a labourer, aged 73, residing at Whafode. He had been

ill for some weeks with bronchitis, but first observed a small swelling in his right groin on the 4th inst. Mr. Barron saw him on the 5th, and found the tumour to be hernia; he succeeded in reducing it "to the satisfaction of the man himself, he declaring it to be gone," and ordered the patient calomel and salts. When I saw him in the evening of the 6th, I found him suffering under the symptoms of strangulated hernia; there was vomiting, constipation, and some pain in the abdomen, with frequent and small pulse; the tumour in the groin was about the size of a walnut, not very tender, and not reducible by the taxis. He resolutely refused to be operated upon, and we therefore thought it best to give opium in pretty large doses a fair trial; four grains were given forthwith, and three doses of two grains each ordered every two hours.

At a subsequent period I learned that the sickness and other symptoms were relieved by the opium, "which was continued during three days, with occasional purges; the bowels were first moved on the 10th of May; two or three times a-day afterwards," as reported by Mr. Barron!

CASE II.—STRANGULATED FEMORAL HERNIA: OPERATION: RECOVERY.

June 27, 1844. About half-past ten p.m. I visited Mrs. Eason, aged 50, the mother of several children, whom I found to be suffering under symptoms of strangulated hernia, which had come on about three o'clock in the afternoon. There was sickness, hiccough, constipation, pain in the abdomen; pulse very small, and about 84. The hernia was on the left side, of oval figure, the long axis corresponding with Poupart's ligament, tense, tender, and about the size of a pullet's egg. I could not reduce it by the taxis. She states that she first observed a swelling in the left groin about two years ago, but has never been able to return the prolapsed part, and consequently has not been able to wear the common truss. She has been subject to paroxysms of angina pectoris for some years past, and during the past three years has been in the habit of taking about three grains of opium daily. Ordered four grains of opium to be taken directly, and three doses of two grains each every two hours afterwards.

28th. The sickness and pain were relieved by the opium for some hours, but she feels the sickness to be returning this morning; no stool; the tumour is more tender; taxis unavailing. I explained to her the nature of the complaint, and the necessity of an operation for the relief of it, to which she consented, but her husband interposed his veto, and wished an enema to be tried, &c. In evening she was much relieved in all respects; the enema was followed by two copious stools.

29th. Has had a tolerable night, having taken her usual dose of opium. She wished me to give her some medicine. The tumour in the same state as yesterday.

Sulphate of magnesia	1 ounce.
Citric acid	1 drachm.
Peppermint water	8 ounces.

One ounce and a half to be taken with one scruple of bi-carbonate of potash every three hours.

Evening. The medicine immediately rejected; aggravation of all her symptoms; belly tense, tender, and swollen; pulse very weak and small; countenance anxious. I again urged the necessity of an operation

without further delay, which was now assented to by her husband, and earnestly desired by the patient.

The operation was performed in the following manner:—The patient being placed on a table, her shoulders supported with pillows, and her feet resting on a box, the first incision was made upwards of three inches in extent, a little below the middle of the swelling, and in the direction of Poupart's ligament, by this the skin and common integuments were divided; then another incision about two inches in extent was made vertical to the former one; the angles were dissected back; next the superficial fascia was divided vertically the length of the swelling; then the fascia propria was carefully opened, and divided on a director; next a small opening was made into the sac, when several drachms of serous fluid escaped, and the sac, which was very thin, collapsed; it was also slit up in a similar manner on a director; a portion of omentum, about the size of a walnut, and of a dark chocolate colour, was incarcerated. Having carefully dilated the stricture at the neck of the sac, by means of a bent silver director and hernia knife, I found the prolapsed part could not be returned, in consequence of adhesion to the neck of the sac on the iliac side; having torn through these by the cautious and gentle use of the director, the omentum spontaneously retired into the abdominal cavity. There was then a further escape of serous fluid from the cavity of the abdomen. On introducing the point of my little finger through the crural ring, the omentum was found free in its natural cavity. The wound was dressed in the usual manner, and the patient placed in bed.

Ordered four grains of opium directly. At ten p.m., I found her comfortable; pulse 84, and very small.

30th. Half-past nine, a.m. She expresses herself as greatly relieved; she has had eight or ten stools; the abdomen is free from pain or tenderness, moreover, the distention noticed yesterday has greatly decreased; countenance cheerful; tongue clean; pulse eighty-four, weak and small. Ordered two grains of opium to be taken every four hours.

July 1st. Going on favourably; no motion since yesterday morning. To have a common enema, and continue the opium every four hours.

Evening. The enema brought away a healthy evacuation.

5th. Going on favourably in all respects; tongue clean; bowels rather confined; pulse 60, and very small. To take the aperient medicine ordered on the 29th ult., and the two grains of opium every six hours. The wound was dressed and the sutures removed; the greater part has united by the first intention.

6th. Has had a good night, and feels very comfortable; has had two rather costive but not copious stools. To have a common enema.

Evening. Quite comfortable; the bowels have been freely relieved.

14th. Convalescent.

18th Down stairs yesterday; bears the pressure of a truss very well.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 23, 1844.

When a question of momentous importance engages the attention, whether of individuals or of associated bodies, other subjects of less general or less immediate interest are sometimes liable to be overlooked. Some weeks back a prospectus for the establishment of a College of Chemistry was forwarded to us, of which earlier notice ought to have been taken; but the discussions which have arisen respecting the Medical Bill, and the absorbing interest of the questions connected with it, have hitherto prevented us from giving attention to the proposal. It is however a proposition which is deserving of every encouragement, and we are, accordingly, desirous of introducing it to the favourable notice of our readers.

With the public attention widely awake to the value of the recent chemical researches carried on at the school of Giessen, it is unnecessary to urge at this time the importance of acquiring, for medical as well as for general purposes, a practical knowledge of the processes of chemical analysis. Whatever difference of opinion there may be respecting the views of the head of that school, Professor Liebig, and we are ourselves far from thinking that in the explanation of the functions of the living organism, whether in health or disease, these views are to be received either indiscriminately, or without being in every case subjected to the most severe scrutiny, no one will be found to question the deep interest which attends his methods of inquiry, and the importance of acquiring just notions of their value. Before however this scrutiny can be entered into,—before the experience of other sufficiently qualified and unbiassed observers can be brought to bear, the practical qualifications for the task must be attained; while a far different course of instruction in the principles and science of Chemistry, and in the application of them to analytic processes, than that usually followed at our Universities, Colleges, and schools, becomes necessary for the student.

We believe that, at this time, no sufficient provision for the acquirement of that facility in analysis which practice alone can give, exists in any establishment in this country; and when it is borne in mind that, without entering into the con-

sideration of numberless instances in which chemical processes are employed for general purposes, every practitioner of medicine is liable to be called upon to perform difficult analyses, not only for the successful investigation of many forms of disease, but for the purpose of eliciting the truth in judicial investigations, in which the liberty and the life of a fellow creature are often at stake, there is little need of argument to influence the medical profession in support of such an institution as a college of chemistry.

From the prospectus we learn that the proposed college is intended to be mainly devoted to pure science, but that "to meet the exigencies of this country, and to adopt the latest improvements in the continental schools, an appendage will be provided devoted to economic arts, where the inquiries relating to pharmacy, agriculture, and other arts may be pursued."

The institution will embrace—

"1st. 'A laboratory' (as designed by Sir H. Davy) for original investigations, and for extending the boundaries of this most important national science, on the model of the Giessen Laboratory.

"2nd. 'A College' for the instruction of students in analysis and scientific research, upon such terms as to encourage young men of talent and scientific taste to apply themselves to Chemistry, and for qualifying public lecturers and teachers.

"3rd. Departments for the application of Chemistry to especial purposes, as Agriculture, Geology, and Mineralogy, by the analysis of soils, rocks, &c.; to Medicine, Physiology, and the Arts.

"4th. The employment of such means as may appear expedient to the Council for encouraging and facilitating the pursuit of Scientific Chemistry throughout the country, and for making it a branch of general education."

It is unnecessary to say more in favour of the proposal. From the names of the distinguished noblemen and gentlemen who form the Provisional Council, among whom we observe Sir James Clark, Professors Cumming, Daubeny, and W. Gregory, Drs. John Davy, and Forbes, and others well known to science, there can be little doubt that the College will ultimately be established, and if well conducted, will meet with that encouragement and support which such an institution so justly deserves.

BIRMINGHAM PATHOLOGICAL SOCIETY.

September 7, 1844.

JAMES RUSSELL JUN., Esq., in the Chair.

ASPHYXIA: FOREIGN BODIES IN THE LARYNX AND TRACHEA.

Mr. Elkington brought before the society a larynx, taken from a child who had died very suddenly from asphyxia, with a screw an inch and a half long, and slightly curved, firmly impacted in it; and he gave the following particulars of the case:—

Mrs. Moreton's child, about 17 months old, a fine, healthy boy, was playing about with a young gentleman of whom he was very fond; and, on the young man leaving the house, the child cried after him, and went into a passion, as it was thought, and was almost immediately seized with struggling for breath, and died in a few minutes. On making a *post-mortem* examination, we found the lungs very much congested, and a small quantity of serum in each side of the thorax. The abdominal viscera were healthy. The larynx and trachea were removed, and, on examining the upper part of the larynx, a foreign body was found to be firmly impacted, which proved to be an iron screw, commonly called a wood screw, about an inch and a half in length, being a little bent or curved, occupying the whole of the glottis, and extending some way down the larynx. It was with difficulty drawn out. The head was not examined; the hands and feet were very dark-coloured; the nails nearly purple; the sides of the neck and face, and the *ears*, were very dark-coloured.

Mr. Elkington mentioned a case in which a few years ago he witnessed the sudden death of a child from asphyxia, in consequence of a crumb of bread, the size of a pea, getting into the larynx.

Mr. Walter Freer mentioned a case somewhat similar, in which a little boy had a plum stone with a hole in it fixed in the trachea, which caused a whistling as the air passed through it in respiration. He died in the hospital, under the care of Dr. Stokes, of Dublin.

UTERINE HÆMORRHAGE: ADHESION OF A PORTION OF THE PLACENTA.

Mr. Elkington then presented to the society a uterus, taken from a woman who had died of hæmorrhage from the uterus, in which there was a portion of the placenta adhering to the fundus and side, nearly as large as the top of a wine-glass. The following particulars of the case were given:—

Louisa Tomkinson, aged 22, was admitted an out-patient of the Lying-in Hospital, August 3, 1844. She had had three children. She says she was confined Tuesday, July 9th, nearly four weeks since. She had rather a quick, but sharp labour. The placenta was expelled in about five minutes after the child was born. There was considerable hæmorrhage after the expulsion of the placenta, and she remained very faint for two or three hours. About two months before her confinement she lost half a pint of blood from the rupture of a varicose vein in the leg. She had two falls during her pregnancy; once she fell upon the abdomen. She continued tolerably well till the tenth day. She then had rigors, followed by pain and sickness, which was relieved by leeches, &c. She has had a constant discharge since her confinement, and nearly every day some hæmorrhage. The discharge fre-

quently escapes in gushes—sometimes large coagula are expelled.

Present state—pulse 130 and very feeble; she looks pale and exsanguineous; there is fulness and tenderness about the belly, but no enlargement of the uterus to be felt externally; pain in the back; oedema of the face and legs; she is restless, and gets very little sleep; frequent sickness; feet cold.

Examination per vaginam. Os uteri open sufficiently to allow the finger to pass through it. Having passed the finger through the os uteri, a small substance could be just touched, but its precise nature could not be ascertained. She was ordered to take camphor mixture with tincture of opium, gruel with a little brandy, &c.

4th. Pulse 120; passed a good night; discharge continues, but not quite so profuse; in other respects about the same. The discharge increasing in the course of the day, it was thought advisable to plug the vagina.

5th. Much the same, very faint and low; pulse very quick and feeble; there is an oozing of serous fluid from the vagina, although the passage is well plugged; the discharge seems to soak through the plug. An old silk handkerchief was used for that purpose.

6th. Sinking. She died on the 7th.

Post-mortem appearances. The viscera generally were blanched; the uterus about the natural size, but very pale. On cutting open the uterus there was found a portion of the placenta adhering to the fundus and side, nearly as large as the top of a wine-glass.

In connection with this case I would mention that I have had several cases of abortion at the third or fourth month, where the placenta remained, in one or two instances, for nearly a month, without causing flooding or any bad symptom, and in these cases it never, as far as I could ascertain, was expelled. The patients all recovered without a bad symptom.

In cases of retention of the placenta after abortion, it is probable hæmorrhage is prevented by the entire adhesion of the placenta; when a partial separation takes place, more or less flooding necessarily occurs, and this is likely to be more copious towards the end of gestation, from the greater calibre of the vessels of the uterus and placenta at that period. It has been mentioned in the case of Tomkinson, that the discharge was serous—nearly colourless. I have noticed a similar discharge occurring to a considerable extent very soon after delivery at the full period, and have been several times much perplexed by it. The patient has complained, perhaps in an hour after delivery, of feeling faint, and of having a copious discharge. On requesting the nurse to ascertain if there was any flooding, she has reported that there was not; still the patient has complained of feeling every now and then a considerable gush, and after carefully examining the napkins and making an ocular examination, I have been assured that there was a copious draining of a nearly colourless discharge, consisting of the watery or serous part of the blood. This watery discharge prostrates the patient nearly as rapidly as the sanguineous.

PROPOSAL FOR A GENERAL BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subject on which I take the liberty of addressing you has so frequently occupied more able pens than mine, that I fear it may be considered somewhat like presumption on my part to add my crude notions to the opinions already propounded; but on a subject so near, and dear to us all, I trust I shall obtain your indulgence for thus intruding on your valuable space.

In these days of so called "Reform," when it is threatened by a legislative enactment to overturn the already frail barriers that protect the medical man, and to throw a liberal profession open to every uneducated and impudent pretender, it behoves us to be united, to cast aside the paltry heart-burnings and petty differences which too often separate us widely from one another, and to combine heart and hand in one common cause—that of maintaining our independence and respectability. The public, I doubt not, would speedily discover that it was better to entrust their lives in the hands of men who have given proofs of their competency before legally-constituted boards, than to place their confidence in the bold and vain boastings of the empiric and the pretender.

The noble scheme of founding a school for the liberal education of the sons of medical men, first suggested by that excellent philanthropist, Mr. Martin, of Reigate, is indeed well worthy of the heart of the projector, and sincerely do I hope and trust the proposal will be warmly supported, and that a scheme conceived in such a pure spirit of benevolence will meet with speedy success. But may I be pardoned if I humbly suggest we should not stop here. How many medical men are there in this country whose limited practice and scanty means scarcely suffice them to maintain an outward appearance of respectability, and whose illness or death would probably involve their families in all the miseries of destitution. They cannot afford, from their narrow income, to pay the high premiums required by the Life-Insurance Offices; and the various local medical societies, however admirable in themselves, are much too limited in all ways to be of permanent benefit to the large number requiring assistance. Would it not then be possible to devise some plan which, with the hearty co-operation of the whole profession, would ensure to the family of every regularly admitted medical man, requiring our aid, that assistance which they have a right to expect at our hands as members of a liberal profession? Surely we, of all others, should lend a willing ear to the dictates of charity.

It is proposed in the registration clause of Sir James Graham's Bill that every physician shall pay the sum of five pounds, and every surgeon two pounds, in order to defray the expenses attendant on bringing forward the new measure, that is to say (as the *Times* so justly remarks), a fine of about £70,000 is to be levied on a needy profession to defray expenses that can never exceed £500. I would beg to suggest, in all humility, that instead of this fine, for it deserves no other name,—“a fine the law imposes on competency,”—that a small yearly payment should be required of every medical practitioner who wishes to be

continued on the register, (a small sum would suffice, say ten shillings,) and that the whole amount thus obtained should be exclusively devoted, under the management of a committee, to the relief of the families of deceased medical men, or of any regular practitioners, who from long illness or unavoidable misfortune, may require its aid. The medical man in affluent circumstances would, I am confident, be only too glad to be thus the instrument of conferring benefits on his more needy brethren; and I believe the poor man would also not unwillingly comply with the regulation, confident that he was contributing to a certain fund that would assuredly be ready to render its assistance in the hour of adversity and death. It requires, I believe, but little calculation to prove that the funds so raised would be amply sufficient to meet every expense.

I trust you will pardon the liberty I have thus taken in occupying so much of your valuable space, and sincerely hope the importance of the subject will be my best apology.

I have the honour to be, Sir,

Your most obedient servant,

EDWARD YOUNG, M.R.C.P., Dublin.

October 8, 1844.

SURREY BENEVOLENT MEDICAL SOCIETY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Having assisted in the management of the "Surrey Benevolent Medical Society" from its origin, thirty-two years ago, to the present time, be pleased to allow me to supply a few corrections and omissions in Mr. Newnham's statement respecting it.

When this Society was first thought of, we considered that we could not do better than follow, in a great measure, the example of the Society in London, "for the benefit of the widows and orphans of medical men," founded by Dr. Squire, Dr. Denman, and Mr. Chamberlain. With the latter gentleman, as Secretary, I had much correspondence. We adopted their rules as to receipts and payments; but after a time fearing the fate which had attended similar societies, that of becoming at no distant day, insolvent, we altered the rules, so as not to bind ourselves to give specific sums, but such as the fund could afford, or that the necessities of the case demanded.

The subscription of a pound twice a year, for twenty-five years, with a fine of three pounds on admission, may be compounded for by a payment at once, of twenty-three pounds, constituting the subscriber a member for life; or at any future time, by one payment, according to a certain scale, approved by an eminent actuary. At first, we invited subscriptions from our affluent friends out of the profession, but for many years we have contented ourselves with the contributions of our professional friends. As yet, we have had but two families dependent upon us; one, a widow and her daughter, and the other, a widow with nine children. These we have assisted in a degree quite equal, and more than equal to their expectations; and they have repeatedly expressed themselves in grateful terms accordingly.

In mentioning the number of members, Mr. Newnham has omitted the honorary ones, himself included, having contributed a handsome donation to our fund. That we are not more numerous, may be explained by the consideration, that many gentlemen feeling assured that their families will, in all probability, never have occasion to be dependent on any charitable fund, think it unnecessary to join us. Moreover, our Society is not merely an eleemosynary one; we meet twice a year for social and professional purposes, and, in fact, our meetings are, in miniature, very similar to those of our great Association. At our last, at this place, when sixteen or seventeen attended, those sentiments prevailed, and that degree of cordiality, that I dare say we shall have no objection to Mr. Newnham calling us "An Amicable Society."

I could have wished to have given you more full details of this Society, but space in the *Journal* is of great importance at the present moment. I will therefore conclude, with the expression of my wish to do honour to the benevolence and goodness which animate Mr. Newnham on all occasions, and now more especially in reference to the Benevolent Fund.

I remain, Sir,

Your faithful servant,

THOMAS MARTIN.

Reigate, October 15, 1844.

ILLUSTRATIONS OF THE EFFECTS OF QUACKERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A medical impostor—certainly too contemptible for notice were it not for the direful consequences of his ignorance and presumption—has lately visited this neighbourhood, and I beg leave to submit to you, in as brief a manner as possible, the following facts illustrative of his misdoings. They appear to me to have an intimate bearing on the question now undergoing agitation:—Whether the present feeble restrictions against empirical pretenders which are imposed by the Apothecaries' Act, can with any degree of safety be further relaxed? I profess to be no very sanguine medical reformer, and quite accord in the sentiment adopted by our most worthy and respected President, in the following couplet:—

"How many ills the race of men endure
That Kings and laws can neither cause nor cure"

Yet whoever can read, but more particularly have to deal with such instances of mal-practice as the following, and still persuade his mind that legislative interference is contrary to all sound policy, and should not be attempted, can surely have but a very inadequate idea of the amount of evil and misery engendered, by the simple and credulous being constantly exposed to the designing knavery of such charlatans and impostors.

CASE I.—A. N., aged 21, a farmer's daughter, usually blooming and healthy, was seized with symptoms of inflammation of the bowels. She was from home at the time of seizure, and a medical man was called in, who attended her till she was sufficiently restored to permit of removal home. After a few

days, not progressing in convalescence to the satisfaction of her friends, a lately imported professor was consulted, who promised a speedy cure, the only thing, in his opinion retarding recovery being weakness, a point to which the friends readily assented. Some sort of a medicament was sent, with directions that it should be mixed with one tablespoonful each of rum, brandy, and gin; surely an imposing compound to communicate strength! The dose I never learned. This happened on Thursday, on which day I afterwards learned that she was able to sit up and even walk across the room. On Saturday forenoon I was requested to visit her. I found her in bed in a very restless state, suffering much from acute stitches both in the thorax and abdomen, the latter being hard and swollen; the breathing was very short; intellect entire; face highly flushed and covered with perspiration; surface of the body very hot; pulse 170 and upwards. In short, her state was such as I never before witnessed in a patient on the point of death, and I have no doubt she was under the influence of the stimulating compound previously alluded to. My duty, of course, consisted in apprizing the friends of her speedy dissolution, an announcement received with the most poignant grief. She died during the evening, about one month from the commencement of her attack.

CASE II.—An aged woman, who had long suffered from a tumour in the axillary region, consulted this same surgical authority. She had previously submitted herself to different medical men, who appear to have been unanimous in regarding the case as hopeless, and deemed all active interference injudicious. Not so, however, her fresh adviser, who ventured to make an opening into the tumour, which brought on hæmorrhage that soon terminated her earthly career. This patient I never saw, but I give the statement as reported to me by competent witnesses.

CASE III.—This morning, September 26th, I have just returned home, after having witnessed the last moments of a fine young lad, aged 17, who died in the most alarming tetanic convulsions. About a week ago, whilst amusing himself in the garden with a pop-gun, fixed upon a frame of wood, it exploded irregularly, and the result was a lacerated cut across the palm of the left hand. He applied to a medical man, who treated him for a few days, when he was persuaded to apply to the same itinerant professor. This worthy bound up the hand with *emplast. rob.*, spread upon leather, and in addition, applied a strong compress to the wrist, with the view, as he alleged, of keeping it in its place. The wrist was very prominent posteriorly, arising from a tonic contraction of the flexors of the forearm, induced, no doubt, by the irritation of the wound. The patient was also furnished with a stimulating liniment, to keep down the swelling of the arm. Late in the evening of the eighth day from the occurrence of the accident, I was requested to visit him. I found him labouring under decided tetanus in the most acute form. It commenced about four o'clock of the same day. The pain and convulsive movements first seized the affected arm, next the muscles of the neck and jaw, and then the whole body. He experienced very short intervals of ease from the convulsive paroxysms, which, he stated, originated each time from the injured hand. The treatment recommended

by the highest authorities was had recourse to, but the onward course of the disease defied all obstacles. Opisthotonos came on in the course of the night, and at length pleurosthotonos, the body being inclined to the injured side. He expired about half-past ten o'clock in the morning, in a paroxysm of the most agonizing convulsions.

CASE IV.—A. H., aged 30, had laboured under caries of the sacrum for more than twelve months. Her friends were induced to submit her to the treatment of this individual. He made light of the case, and elated her friends with the prospect of a speedy cure. In a few weeks her husband came down to request my attendance. I found her fast progressing towards her end; and a few days sufficed to number her with the dead. The kind of treatment adopted was studiously kept from me.

These cases need no laboured commentary; but ought such pretending meddlers to escape the cognizance of the law? It would be idle to contrast the result with what might have been the case under the management of regularly qualified practitioners. There is uncertainty enough, it is true, in the exercise of the healing art, under the most approved and acknowledged plans of treatment, without such being enhanced by the interference of purblind and presumptuous ignorance. How repulsive and harrowing to the feelings of a humane surgeon, is the idea of a man who knows no difference between a nerve and a muscle, being permitted to plunge an instrument into the axilla of a human being. Such occurrences forcibly thrust upon the mind again and again the question:—Can no check be given to such tampering with the lives of her Majesty's liege subjects? can Government, the very object of which essentially consists in protecting the ignorant and honest from the impositions of the cunning and fraudulent, render no assistance?

Suppose for a moment that we adopt the reasoning of those who contend that the evil will eventually cure itself; that the march of intellect will prove the only efficient barrier; the question still recurs,—Is it prudent, is it wise, to wait for so protracted a remedy, whilst so many victims in the meantime must continue to be immolated at this shrine of superstitious credulity; since education and general enlightenment of the mind are, and will be, slow, amongst a people whose physical necessities and desires impose an almost uninterrupted occupation of their time?

Yours most obediently,

RICHARD HINDLE, M.B.

Sabden, Blackburn.

Surgeon.

CONSTITUTION OF THE COUNCIL OF HEALTH.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to express the gratification which I have shared with many other members of our Association, in perusing the letter from Dr. Brown, of Sunderland, contained in the *Provincial Journal* of last week. In tone and temper it exhibits a striking contrast to the hasty and inconsiderate attacks with which the Government measure has been too frequently assailed; and at the same time maintains in a forcible yet temperate

manner the writer's objections to certain clauses of the bill, and points out the direction in which they need amendment.

Whilst agreeing with much that is there recommended, I venture to take a more favourable view of the measure than Dr. Brown appears to do. But before commenting on some of its features, I beg leave to call attention to one of the resolutions recently passed by the practitioners of Gloucestershire. This, the 2nd, suggests an amendment which Dr. Brown has also proposed, viz., the direct representation of provincial practitioners in the Council of Health.

We take it for granted that Sir James Graham means to fulfil the pledge given in the speech with which he introduced the bill, and to appoint a physician and surgeon from the rural districts.

We do not ask for the same privilege to be conferred on the rural practitioners of Scotland and Ireland, because, in the first place, the medical men of those parts of the kingdom are more directly represented in their respective Colleges of Physicians and Surgeons than are those of England; and secondly, their numbers are not sufficient to entitle them to an equal share in the composition of the Council. It would surely be unreasonable to grant four representatives to the 8000 practitioners of Scotland and Ireland, while only two were allowed for the 16,000 practitioners of England.

That there ought to be some direct representation of the great body of practitioners, irrespective of the representation of the Colleges, is evident, though probably the profession would do wisely not to ask for so many as *six*. Even if two or three elected representatives were granted, we must consider the concession a great one.

That the Government should deprive itself of the power of appointing some Members of the Council appears very improbable. The Regius Professors, not being specially appointed for the duties of the Council of Health, could scarcely be viewed as representatives of the Crown in that body. Then there are persons eminently qualified for some of the duties which will devolve on the Council, who would be passed over by the Colleges and the practitioners. And if we look at the probable extent of the functions of the Council, we must admit that the Ministers of the Crown may fairly insist on some share of influence in its constitution. If nothing more than medical education, and the internal regulation of the profession, were to be committed to this Council, it might, as Dr. Brown proposed consist entirely of medical men; but it is hardly possible to review the measures that have lately been proposed for the improvement of public hygiene and medical police, or to examine the recent report of the Health of Towns' Commission, and the evidence taken by Lord Ashley's Committee on Medical Relief,—all which, we may suppose, have been under the consideration of the framers of the bill, without feeling satisfied that some general sanitary powers, some kind of controul over medical men employed in the public service, are likely to be vested in this Council. Should this be the case, the Government nominees, perhaps two or three laymen, would be almost indispensable.

The interests of the profession would be duly consulted by requiring the presence of a certain proportion (say one third) of the representatives of the

Colleges and the practitioners, at all deliberations on medical education and qualification. The addition of such a clause would afford a protection to medical interests, not at present provided by the bill.

With regard to the Presidency of the Council, if I had not been previously convinced of the propriety of its being held by the Secretary of State, I should have been decided by Dr. Hastings' remarks, in his recent speech at Worcester. The obvious advantages of having a Minister of the Crown at the head of this Board appear greatly to outweigh all its possible disadvantages.

One fears to utter a word about penal clauses against illicit practice. When the tide of opinion runs strongly in a certain direction, the few who pause to consider, are too often regarded as enemies to the common weal. So it is with the present movement in the profession. The caution and hesitation, however, which mark the propositions at the conclusion of Dr. Brown's letter, show that he doubts the practicability of any stringent measures. Any such penal clause, he remarks, "should be so framed that the reasonableness and justice of it should carry public feeling with it, not array it against it." He premises, very truly, that the authors of the bill must have intended "so effectually to discourage irregular practice, as to abolish it entirely," and "to make the benefit which they very properly secure to the inmates of the hospital and parish pauper, *universal*."

This cannot be doubted, but the object may be effected in a manner little expected by the opponents of the bill. The public provision of medical attendance has been of late extended to a larger portion of the labouring classes. It is not now confined to paupers. It will inevitably be still farther extended. The miserable system of club practice, and the attendance of druggists, among the lower orders, must give way, speedily we may hope, to a national provision of medical charity, sufficiently comprehensive to embrace all those who cannot afford to provide proper medical aid for themselves. The privilege of consulting quacks will then be confined to persons of distinction, Members of Parliament, and others, whose leisure and ample means enable them to establish facts in natural science, by performing costly experiments on their own persons, (as well as on their broad acres,) for the benefit of their immediate successors and the public. But, as regards the labouring population, let me ask—what possible advantage could they derive from an enactment prohibiting their obtaining relief from unqualified persons, while they have not the means of consulting those licensed and highly qualified practitioners, to whom so many would exclusively limit the right of treating disease?

Let the State, therefore, not only insist on a sufficient standard of medical qualification, *but also provide the mass of the population with medical advisers*, and then Sir James Graham's measure will afford the public and the profession all the protection they could desire.

From the general tone of the medical meetings, it is to be feared that zeal for the punishment of illegal practitioners overpowers every other consideration; and that, if the Government and Legislature could be persuaded to grant this demand, the profession would yield the far more important point of the constitution

and functions of the Council. Nor does it appear improbable that Ministers might be more easily persuaded to concede somewhat to the general clamour for increased protection, than to the more infrequent, though more rational, demand for a liberally constituted Council. The partial surrender of power and patronage, which the latter would involve, might be deemed an insuperable objection at head quarters.

Let the Council of Health contain a fair proportion of the representatives of the professional body, and be endowed with something like independent action, and we may rest satisfied that it will promote in a cautious, gradual, and unobtrusive manner, improvements which no ministry would at present venture to propose, and no parliament be persuaded to grant.

I am, Sir,

Your obedient servant,

H. W. RUMSEY.

Gloucester, Oct. 15, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL.

GLOUCESTER MEETING.

A meeting of the Gloucestershire Medical and Surgical Association was held at Gloucester on Thursday, October 3rd, to take into consideration Sir James Graham's Bill for the regulation of the Medical Profession. Dr. Hardwicke Shute in the chair.

The following gentlemen were among those present at the meeting:—

Dr. Acworth, Cheltenham; Mr. Bird, Newnham; Dr. Brookes, Cheltenham; Dr. Cambridge, Cheltenham; Mr. Collins, Newnham; Dr. Conolly, Cheltenham; Mr. Cooke, Newent; Mr. Copland, Cheltenham; Dr. Dangerfield, Gloucester; Mr. Dalton, Cheltenham; Mr. Dawson, Tewkesbury; Mr. Eves, Cheltenham; Dr. Gooch, Stroud; Mr. J. P. Heane, Gloucester; Mr. Heath, Gloucester; Mr. Thomas Hecker, Gloucester; Mr. Holbrow, Stonehouse; Mr. F. Hyett, Cheltenham; Mr. Johnson, Sandhurst; Mr. Jones, Thornbury; Mr. Lloyd, Cheltenham; Mr. Lowe, Minchinhampton; Mr. Meyler, Gloucester; Mr. Powell, Tockington; Mr. Richardson, Cheltenham; Mr. Roberts, Wickwar; Dr. Collins Robinson, Cheltenham; Mr. Rodd, Winchcombe; Mr. H. W. Rumsey, Gloucester; Dr. Shute, Gloucester; Mr. Simms, Stonehouse; Mr. Smith, Minchinhampton; Mr. Shaw, Cheltenham; Mr. Smith, Cheltenham; Mr. Stokes, Nailsworth; Dr. Disney Thorpe, Cheltenham; Mr. Williams, Staunton; Mr. J. W. Wilton, Gloucester; Mr. Wollen, Painswick.

The Chairman explained his views at great length, and gave it as his opinion that the measure was a most valuable one, calculated to elevate the character of the profession, and at the same time to confer substantial benefit on the public. He referred to the practical working of the Apothecaries' Act, and to the proceedings of the Colleges to show that neither the public nor the profession had received any advantage from the existence of these bodies. They had been altogether inoperative for good. He considered the establishment of a Council of Health and the registration of the regular practitioners as far preferable. He concluded his observations by soliciting the attention of the meeting to the mode in which the Council of

Health was to be constituted. To that body was given an enormous power, a power which the profession would be unable to resist but by future applications to Parliament, if the board should exercise their power unduly, or to the injury of certain branches of the profession. Should that power, however, be exercised properly, the best results must follow, as its legitimate operation must be to raise the character of the profession, and as a necessary consequence, to promote its usefulness.

Dr. Dick, of Tewkesbury, moved the first resolution:—"That this meeting desires to express its high satisfaction that the Government has at length brought the state of the Medical Profession under the consideration of the legislature, and is fully prepared to assent to the general principles of the measure recently introduced by the Right Honourable the Home Secretary." In connection with this resolution, Dr. Dick proceeded to observe, that any one who considered the present state of the medical profession, must feel gratified at the circumstance of the Government having taken up the question; for, as the Chairman had very properly remarked, as the profession could not govern themselves, the Government was the best body to exercise the controul, and any one who has read the bill must be convinced that the spirit and tenour of it are good, and that the provisions go as far as the legislature could be expected to do in the first instance, although perhaps not so far as the profession could wish. Protection to the public against pretenders and quacks, and protection to medical men of proper education and qualifications, are provided for to a considerable extent in the bill; in fact the bill goes as far in this direction as could at the outset of legislation be expected. He thought that nothing could more tend to the protection of the regular practitioner than registration, and the publication of the lists from time to time. The provision relative to the examinations to be gone through before diplomas could be given was also most valuable. It was a mere dream to suppose that quackery could be put down by legislative enactment; and as to the complaint which was heard in some quarters about the Apothecaries' Act being swept away, it was a sufficient reply to say that a better substitute was provided in a higher course of examination. As to the efficiency of the Apothecaries' Act, he knew of several applications which were made to the governing body, requesting them to adopt measures to put down unqualified persons, but the reply was that they could not do it.

Dr. Conolly, of Cheltenham, in seconding the resolution, said, that although he agreed with the Chairman, and the mover of the resolution in the sentiments he had expressed, still he must not be understood as expressing unqualified approbation of the bill. He felt grateful, however, that the subject was before Parliament, and he should be extremely sorry to lose a good measure merely because some portion of it was not acceptable to all the profession. Its general provisions he thought were good and excellent, particularly the one which referred to the institution of the Council of Health. As to the constitution of that Council, however, he thought a little change might be introduced with advantage, and no harm could arise from the meeting stating that such was their opinion. Registration was valuable, still he should be glad that

some more protection was, if possible, extended to the qualified practitioner. As regarded this great difficulties existed, but something nevertheless was done in the bill. He thought the bill should be accepted, and an endeavour made to get improvements engrafted on it. A great advantage had arisen from their not having met earlier to consider this measure. At the time it was introduced a great outcry was made against it by those who had overlooked its advantages. Those now present had had an opportunity of considering the bill more carefully and calmly, and were therefore prepared to do it more justice, still it was their duty to endeavour to get it amended and improved, and if they went temperately to Parliament he had no doubt of their being listened to.

Mr. Eves, of Cheltenham, said that if the resolution pledged the meeting to support the bill in all its parts, he for one should be obliged to oppose it, on the ground that it threw open the profession to any body who chose; in fact it was free trade in medicine. He thought that the powers vested in the College of Physicians and the Apothecaries' Company, although the latter did not prosecute unqualified persons so often as they should have done, were calculated to raise the character of the profession. The terror of penalties hanging over the heads of unqualified practitioners, was always a check. It will be better that we remain as we are, than that we should run the risk of a doubtful change.

Mr. Brookes, of Cheltenham, was also of opinion that the bill did not afford sufficient protection. As to the efficiency of the Apothecaries' Company, he could state that about two years ago they instituted proceedings against an unqualified person for practising as a surgeon and druggist. The case arose out of an inquest held on the body of a person who had been treated by the unqualified practitioner. The Company succeeded in getting a verdict against him, and in consequence he was driven from Cheltenham. Mr. Brookes concluded by again giving it as his opinion that the bill ought to give more protection to the qualified practitioner.

Mr. Stokes, of Nailsworth, was also of opinion that the protection afforded by the bill was not sufficient; and that the Apothecaries' Act had done good.

The Chairman said that he wished it to be understood, that however strongly he approved of the bill, he nevertheless was of opinion that, in some things, it was susceptible of improvement.

The resolution was then carried.

Mr. Wilton, of Gloucester, in rising to propose the next resolution:—"That while the proposed establishment of a Central Council of Health and Medical Education appears likely to promote the respectability and protect the interests of the Medical Profession, this meeting is of opinion that the constitution of that Council, as laid down in the Government Bill, needs further consideration, more particularly as regards the relative proportion of Councillors to be elected by the profession; and that the measure would be greatly improved by permitting the medical practitioners of the provinces to elect the two representatives whom Sir James Graham has proposed to appoint from the rural districts," expressed a hope that he should not be considered out of order in stating that, in assenting to the resolution just passed, he did so in reference to the general principles which the bill con-

tained, and not to the details, which may require improvement. He should have been glad had the resolution been expressed even more strongly as regarded the general principles, because he thought the measure was a step, although not one of much immediate good, in the right direction, and must lead, ultimately, to all those advantages which the profession had a right to look forward to. The resolution he had now to propose referred to the details, and to one of the most important of them, namely, that which related to the constitution of the Council of Health. Now if the meeting recollected the small service which the great corporations had rendered to the profession—if they recollected the manner in which diplomas had been given—if they considered how uninterested these corporations had shewn themselves to be in every thing which related to the respectability and advancement of the profession—how little they represented the feelings, and what little regard they paid to the representations made to them in all directions—the profession must rejoice at the prospect of being placed in immediate connexion with the Government. When this occurs, representation will not be confined to one section of the profession, but to all branches; physicians, surgeons, apothecaries, all will have equal access in preferring complaints which they may have occasion to make. To the Council of Health will be entrusted the health of the community, and consequently the interests of the profession. It will also be a part of their duty to prescribe the examinations, and this was also an improvement; and should the measure in any of its parts be found defective, no doubt need be entertained of its being improved. Even on the subject of quackery, should it be found necessary to have recourse to additional powers, it was reasonable to suppose that they would be applied for, and granted. If the profession lost the bill, they would lose also the Council of Health; and where then could they go to? They had worn out those Members of Parliament—never at best very influential—who had advocated their claims in Parliament, and should the present bill be lost, the profession would be the sufferers.

Mr. Rumsey, of Gloucester, in seconding the resolution, said that he considered the institution of the Council of Health as most important—by far the most important and beneficial of any reform yet proposed—and he regarded it as the foundation for future measures, more generally approved than other provisions of the present bill had been by some of the profession. He regarded as of great importance the connexion which would be formed with the State. Such a thing had never existed before. The profession had been left to self-government, and what had that self-government done for the profession? He did not wish to press this point, it being so generally admitted that neither the interests nor the respectability of the profession had been promoted under the present system. It must, therefore, be allowed that some other body was required to superintend the management of the medical profession. Much of the advantage to be derived from the measure under discussion depended on the constitution of the Council, and he thought that the mode provided for the appointment of the members was susceptible of improvement. He did not think the provincial members of the profession were sufficiently represented. London, Dublin,

and Edinburgh were provided for, but he thought that as regarded the English provincial practitioners, they would be practically excluded from any influence in the Council, unless an amendment was made; and he thought that it was the duty of the meeting to suggest such an amendment in the constitution of the Council as would make it more generally acceptable. By this measure, he hoped that an end would be put to the numerous evils which had arisen to the profession from the controul and supervision exercised over them by certain bodies of laymen. For instance, had the Council of Health been in existence when the Poor-law Commission was instituted, its medical functions would probably have been vested in that Council. It was of the greatest importance that the profession should be under chiefly medical management, and not under lay; and this was amply provided for, as it was impossible for the Secretary of State to appoint more than four lay members. There was also another point of importance, and this was the power possessed by the Council of defining all offices which might be called "public situations." This was a power of extensive application, and it may be exercised so as to include attendance on the great mass of the population. In its operation it will include the medical attendance on the poor, in prisons, dispensaries, and hospitals, and it is possible that it may be extended to clubs, and to all those persons who are unable to provide medical relief for themselves, and thus the great body of the people may in time be brought under qualified practitioners.

The resolution was then put, and carried unanimously.

Dr. Disney Thorpe, of Cheltenham, moved the third resolution:—"That as one of the most important features of the bill is the abrogation of existing penalties on unlicensed practitioners, this meeting admits that, in the present state of public opinion, any direct legislative interference with unqualified practitioners would not be unattended with difficulties, but has, nevertheless, reason to believe that these difficulties have been much overrated, and, if fairly met, will not be found to be insuperable; and, therefore that the principle of protection against unqualified pretenders may be more extensively applied than is apparently contemplated by the bill." He did not believe that the strong iron hand of the law brought against quackery would be of the least avail. Lord Bacon said, many years ago, "The weakness and credulity of the multitude often induce them to prefer a mountebank to a regular physician." There are many medical men who indulge in mysticism, and who may be called "quacks of the profession," who just keep within the profession, and ride roughshod over decorum. (Cheers.) If the profession would take every opportunity of explaining to the public the danger of risking themselves with such go-a-head gentlemen, they would find the public less anxious to go to the quack. Quackery must be put down by instructing the public in whom they are to rely. He referred to what he considered the degrading system of medical men attending persons belonging to benefit-clubs at 2s. 6d. or 3s. 6d. per head.

Dr. Gooch, of Stroud, seconded the resolution, which was carried unanimously.

It was then moved by Dr. Acworth, of Cheltenham,

and seconded by Mr. Smith, of Minchinhampton:—"That this meeting would respectfully submit to the consideration of the Government the propriety of such indirect discouragement of illicit practice, as would be effected by abolishing the present obnoxious system of stamped and patent medicines, and by prohibiting, under severe penalties, the advertisement of secret remedies, now carried on to an extent alike injurious to public health and offensive to public decency."

Moved by Dr. Collings Robinson, of Cheltenham, and seconded by Mr. Hickes, of Gloucester:—"That a committee be formed, to carry out the objects of this meeting, by preparing a petition to Parliament, founded on the above resolutions, and by requesting the support of the Members of the legislature connected with the county."

Moved by Dr. Dick, of Tewkesbury, and seconded by Mr. Copeland, of Cheltenham:—"That the thanks of the meeting be given to the Chairman for the manner in which he had conducted the proceedings."

DEVONPORT MEETING.

At a numerous and highly respectable meeting of the Medical Profession of the borough of Devonport and Stonehouse, held at the Board-room of the Public Dispensary, on Thursday, the 3rd of October, to take into consideration a bill lately introduced into the House of Commons by Sir James Graham, entitled "A bill for the better regulation of the Medical Profession." C. Tripe, Esq., in the chair.

It was moved by T. Crossing, Esq., and seconded by G. Dansey, Esq.:—"That this meeting hails with satisfaction the disposition of the Legislature, to amend the present anomalous state of the medical profession, as shown by the introduction of Sir James Graham's Bill, entitled 'A Bill for the better regulation of Medical Practice throughout the United Kingdom;' and whilst they are ready to admit that the said bill contains much that is calculated to improve the condition of the profession, they cannot refrain from deprecating certain of its enactments."

Moved by P. W. Swain, Esq., and seconded by J. Little, Esq.:—"That this bill having proposed to make a high rate of professional education necessary for all registered practitioners, this meeting feels it would be a great injustice to withhold from such practitioners protection against the competition of uneducated individuals, in the removal of all existing restrictions, as contemplated in the said bill."

Moved by J. May, Esq., and seconded by R. Watson, Esq.:—"That this meeting fully approves of the principle of forming a Council of Health and Medical Education to provide an efficient and uniform standard of qualification for practitioners generally; and to afford assistance to Government and the country at large in all questions referring to the sanitary conditions of the community—duties which this meeting are of opinion would be best performed by the intelligent, highly educated, and unbiassed members of the profession; they therefore view the constitution of the Council, as proposed in the bill, to be highly objectionable."

Moved by J. Little, Esq., and seconded by J. May, Esq.:—"That this meeting feeling deeply sensible of the benefits which have resulted from the able administration of the Apothecaries' Act, begs to record

its most grateful thanks to the worshipful society, for the manner in which they have raised, mainly by the operation of the restrictive clauses of their act, the education of general practitioners of medicine to its present high standard."

Moved by R. J. Laity, Esq., and seconded by W. Cole, Esq.:—"That six of the gentlemen now present be a Committee to embody the foregoing resolutions into a petition, to be presented to the House of Commons. That Sir G. Grey and H. Tuffnell, Esq., be requested to present the same, and to support its prayer, and that the same gentlemen be a standing Committee, to watch the progress of the bill, &c."

The thanks of the meeting were then voted to the Editor of *The Times*; to Mr. Wakley, as Member of Parliament; to the Editors of the Medical Periodicals; and to the Chairman.

An account of the proceedings at this meeting was accompanied by the following letter:—

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have much pleasure in conveying to you the sense of the members of the profession in this borough, of their obligation to you for the very able manner in which you denounce the injustice of certain parts of Sir James Graham's proposed bill, and for your advocacy of the rights of the profession.

I have the honour to be, Sir,

Your obedient Servant,

JOSEPH MAY.

Devonport, October 8, 1844.

SHEFFIELD MEETING.

A meeting of the Medical Profession of the borough of Sheffield, and the surrounding district, convened by a previous circular, was held in the Cutler's Hall, October 16th, 1844. Dr. Thompson, in the chair.

Among those present were—Dr. Favell, Dr. De Bartolomé, and Dr. Branson; Sheffield; Dr. Benjamin Robinson, Rotherham; Dr. Woollam, Mexborough; Dr. Shearman, Rotherham; Dr. Axe, Sheffield; Messrs. J. Walker, R. Roper, J. T. Porter, and C. W. Beckett, Sheffield; Mr. Wm. Askham, Eckington; Mr. K. Wilson, and Mr. Joseph Law, Sheffield; Mr. John Shaw, Attercliffe; Mr. W. Wilson, Hartlisk; Messrs. Geo. Varah, J. F. Wright, Hugh Wood, Gabriel Reedall, Henry Thomas, Henry Jackson, Wilson Overend, John Haxworth, Henry Boulton, Joseph S. Waterhouse, and John Nicholson, Sheffield; Mr. Jas. Burman, Wath; Messrs. John Deakin, James Ray, Wm. Skinner, W. F. Osborne, William Dawson, and Edward Harrison, Sheffield; Mr. Richardson, Attercliffe.

The following resolutions were adopted:—

Moved by Henry Jackson, Esq., and seconded by Joseph Law, Esq.:—"That this meeting views with satisfaction the attempt now made by Sir James Graham to put an end to the dissensions unfortunately for some time back existing in the Medical Profession, on the subject of Medical Government; and considers that he is fully entitled to the sincere thanks of all its members, for his endeavour to connect so important a branch of the social community of this country with the State, thus enhancing its dignity and extending its efficiency."

Moved by Henry Thomas, Esq., and seconded by Hugh Wood, Esq.:—"That, although certain of the provisions of the intended bill are, in the opinion of this meeting, decidedly objectionable, there are others which are deserving of the approbation and support of the profession, such as the connection of the Medical Profession with the State, the registration, and that clause, by which degrees in medicine, conferred without residence and without examination, are not recognized."

Moved by Dr. Favell, and seconded by Dr. Shearman:—"That this meeting deeply regrets that by the vague and feeble wording of the 31st clause, full opportunity is given to unqualified persons to take advantage of that part of the first clause, by which all restriction on the practice of physic and surgery is removed, and would respectfully urge that legally qualified and registered practitioners of medicine and surgery are fully entitled to protection against the practices of unqualified persons, which they would suggest ought to be effected by some stringent and summary process."

Moved by Gabriel Reedall, Esq., and seconded by J. Walker, Esq.:—"That the following petition to the Commons House of Parliament be adopted and signed by the members of the profession resident in this district:—

"The humble Petition, &c. &c.

"Humbly sheweth,—

"That your Petitioners witness with great satisfaction the introduction of a bill, intitled 'A Bill for the better regulation of Medical Practice throughout the United Kingdom,' which by its provisions will, in the humble opinion of your Petitioners, conduce to the dignity and interests of the Medical Profession, by connecting it with the State, by favouring an efficient registration of all legally qualified members, and by not recognizing degrees in medicine conferred without residence and without examination.

"That your Petitioners deeply regret that the intended bill does not afford that protection from the irregular practices of unlicensed persons, to which all legally qualified practitioners feel they are fully entitled, and humbly pray that your Honourable House would be pleased to enact some clause by which such persons shall be more summarily dealt with, and such practices effectually prevented.

"And your Petitioners, as in duty bound, &c. &c."

Moved by J. T. Porter, Esq., and seconded by Dr. Shearman:—"That the Members of the borough of Sheffield be respectfully requested to present this memorial; and that they, with the Members for the West Riding, be requested to support it in the House of Commons."

M. MARTIN DE BARTOLOME, M.D.,

Secretary.

YORKSHIRE BRANCH MEETING.

A meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association has been called for Tuesday, the 29th instant, at Normanton, to take into consideration the Bill of Sir James Graham, for the better regulation of Medical Practice, at which meeting all Members of the Association, residing in Yorkshire, who have not yet joined the Branch, are invited to attend.

BRADFORD (YORKSHIRE) MEETING.

A general meeting of the Medical Profession of the town and neighbourhood of Bradford, was held on Tuesday, October 1st, to take into consideration the proposed bill of Sir James Graham. Thos. Beaumont, Esq., in the chair.

The meeting was addressed by the chairman, and several of the leading members of the profession in the town; and it seemed to be the general feeling that the thanks of the profession are due to Sir James Graham for the trouble and interest he has taken in its behalf, and that the proposed bill as a whole should be thankfully received as a boon. The registration clauses were highly approved of, and it was considered that if the bill passed into a law, it would certainly have the effect of raising the respectability of the profession. Several gentlemen spoke strongly in favour of the abolition of the Apothecaries' Company as an examining body; considering it highly derogatory to the profession that a trading company of druggists should have the power of obliging gentlemen, who intend to practice medicine and surgery, to come before them for examination previous to obtaining a license.

While the principle of the bill was thus far approved of, a hope was expressed by the meeting that some additional clause would be introduced, to put a check upon quackery.

Resolutions to this effect were unanimously agreed to, and a Committee was appointed to communicate with the Members for the borough, and to watch over the progress of the bill.

WREXHAM MEETING.

On Tuesday, September 24th, at a meeting of the Medical Practitioners residing in Wrexham and the neighbourhood, held at the Dispensary, to take into consideration the best mode of expressing their opinion in the form of a petition to the House of Commons, respecting the Bill introduced by Sir James Graham, for the regulation of the Medical Profession. Mr. Lewis in the chair.

It was proposed by Mr. T. T. Griffith, seconded by Mr. E. Williams, and resolved unanimously: "That it is the opinion of this meeting, that the bill introduced into the House of Commons by Sir James Graham, Bart., in its present form, will be injurious to the profession generally, but more especially to that branch denominated general practitioners, by throwing open the practice of medicine and surgery to men wholly unfit to be entrusted with the care of the lives of her Majesty's subjects; and whilst, as members of the profession they thus feel, they are also deeply impressed with the conviction that the best interests of the public at large are extensively compromised and endangered by the proposed bill.

A Petition to the House of Commons was then agreed to; and it was resolved also to forward a copy of the Petition to each of the Members of Parliament for the county and boroughs, with an address respectfully requesting their attention to the subject of the Petition, and their attention in Parliament to support the prayer of it.

NEWCASTLE-UPON-TYNE MEETING.

A general meeting of the Medical Profession in the Northern counties will be held at Newcastle-upon-Tyne, on Wednesday, the 23rd October, 1844, in the Lecture-room of the Literary and Philosophical Society, to consider the Medical Bill of Sir James Graham. The chair will be taken at two p.m., by Dr. Headlam. Members of the Association are earnestly requested to attend, and to engage all qualified practitioners in their neighbourhood to be present.

By order of the Council,

EDWARD CHARLTON, Hon. Sec.

GIBERT ON DISEASES OF THE SKIN.

We have much pleasure in informing our readers, and the Medical Profession generally, that Mr. Parker, West Strand, will shortly publish a Translation of M. Gibert's able work on Diseases of the Skin, by Edgar Sheppard, Esq., of Worcester.

BOOKS RECEIVED.

Guy's Hospital Reports. No. IV. October, 1844. London: Highley. 8vo.

Annals of Medicine. No. 1. Sir James Graham's Bill repudiated. By John Thomson, M.D., Lecturer on the Practice of Physic, Edinburgh, &c. London: Highley, 1844. 8vo., pp. 48.

On the Colour and Structure presented by Corpora Lutea in the Early Stage; and Correspondence with Dr. Lee regarding a disputed Case of this kind. By Robert Paterson, M.D., &c., Leith. (From the *Edinburgh Medical and Surgical Journal*, No. 161.) 8vo. pp. 10, plate.

A Manual of Elementary Chemistry, Theoretical and Practical. By George Fownes, Ph. D., Chemical Lecturer in the Middlesex Hospital Medical School, &c. London: Churchill. 1844. Fscap. 8vo., pp. 566. Engravings.

Memoir on the Sex of the Child, as a Cause of Difficulty and Danger in Human Parturition. By J. Y. Simpson, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, &c. &c. (From the *Edinburgh Medical and Surgical Journal*.) Edinburgh: 1844. 8vo., pp. 55.

Treatise on Inflammation as a Process of Abnormal Nutrition. By John Hughes Bennett, M.D., F.R.S.E., Fellow of the Royal College of Physicians; Pathologist to the Royal Infirmary; Physician to the Fever Hospital, Edinburgh, &c. Edinburgh: MacLachlan, Stewart, and Co., &c. 1844. 8vo., pp. 80. Plate.

An Account of some Experiments Illustrative of the Mode of Formation of Dissecting Aneurisms. By Thomas B. Peacock, M.D., &c. (From the *London and Edinburgh Monthly Journal of Medical Science*.) 1843. 8vo., pp. 8.

TO CORRESPONDENTS.

Communications have been received from Mr. H. W. Livett; a Subscriber; T. P. F.; Mr. S. A. Philbrick; G. M.; and Mr. T. Sandwith.

The notice of the Chichester Meeting came too late for insertion this week.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING-CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE VI.

PATHOLOGY OF DISLOCATIONS OF THE SHOULDER.

It is only of late years that surgeons have endeavoured, by dissection, to throw any light upon this very important branch of our subject. We search the writings of the older surgeons, but we search in vain for any account of the state of parts produced by this accident, the true character of which was naturally involved in mystery sufficient to account for the erroneous opinions entertained by our forefathers as to the real nature and character of the mischief incurred. The first published account of a dissection of a dislocation of the humerus downwards, is that by Mr. Henry Thompson, one of the surgeons of the London Hospital, in the year 1761, related in the second volume of the "Medical Observations and Enquiries," and since this period but comparatively few dissections of recent cases have been recorded; indeed, to the shame or misfortune of surgeons, Mr. Thompson maintained the honour for more than fifty years of being the only individual who had published a case of this description. Within the last thirty years, however, more has been written on the subject. Sir Astley Cooper, Dr. Hunter, and Mr. Crampton, have each given us the benefit of their experience, and related cases and dissections of great value, as tending to remove the uncertainty in which we must otherwise have remained. It will be necessary that I should detain you for a short time while I relate some of the most important of the cases recorded, whence you will be able to judge how useless it is to endeavour to make out a general rule from one, or even a few cases. Much has been said and written of the causes of obstacles to reduction in this form of dislocation, one surgeon considering it one thing, another something else, and each following or recommending a line of practice based on his particular theory; but this is wrong, the best surgeon being he who, unshackled by any one theory, is enabled to call to mind what has been met with in cases similar to his own, and is hence prepared to meet with, and meeting with, may be enabled to obviate and surmount any difficulties which may arise. You will find I am borne out in this observation after we have studied these cases. The same symptoms and signs may be present, the same difficulty of reduction may occur,

but the violence and mischief done to the joint may be very different.

CASE I.

William Robinson, aged 50, was admitted into the London Hospital, under the care of Mr. Thompson, on the 6th of December, 1760, having been injured by the sudden recoil of a wheel he was working in twisting a rope. On examination, his shoulder was found to be dislocated, and attempts were made to reduce it, but without success. He caught cold, with fever, and died on the 24th of the same month, having been eighteen days in the hospital. The shoulder was examined, and presented the following appearances:—The deltoid muscle was very much stretched, the coraco-brachialis but slightly so, whilst the short head of the biceps, with which you know this latter is connected at its origin, was relaxed. The long head of the biceps, instead of retaining its natural position, made a large curvature, and thus being violently stretched and distorted, occasioned an insurmountable flexion of the forearm. The deltoid, pectoralis, coraco-brachialis, short head of the biceps, latissimus dorsi, and teres major muscles, having been removed from their attachments at the humerus and scapula, afforded a view of the tendinous expansion of the supra and infra-spinatus muscles, spread upon the anterior part of the capsular ligament, which seemed to be in a state of great tension, but that of the teres minor was relaxed, whilst the arm hung down by the side. Under this aponeurosis several fragments of bone were observed blended with a fleshy mass, which united at its lower part with an exostosis that had shot out from the body of the humerus. The head of the humerus was broken, and found lodged on the inside of the neck of the scapula, at the root of the coracoid process, between the subscapularis and serratus magnus muscles. The blood-vessels and nerves lay on the inner and fore-part of the head of the humerus, but were in nowise compressed by it. The capsular ligament had been completely torn from the whole circumference of the neck of the humerus, no remains being left but a few fringes, denoting its place of attachment. Its scapular attachment was uninjured. On examining the bone a loss of substance was discovered, extending in length about two inches downwards, and in breadth taking in the portion of the bone that lies between the insertion of the subscapularis and teres minor muscles, so that the bony attachments of the supra and infra-spinatus muscles were destroyed. The tendons of the teres minor and subscapularis were torn from the greater and lesser tubercles, but a few fibres remained attached to the periosteum, and thus embraced the neck of the

bone in an oblique direction. The torn capsular ligament was laid in folds on the outer and anterior part of the neck of the humerus, whilst posteriorly the head of that bone projected through a kind of slit in the capsule, which embraced the neck of the humerus, and was supported on each side by the tendons of the subscapularis and teres minor muscles.

CASE II.

A sailor fell from the yard-arm on a ship's deck, injured his skull, and dislocated his arm into the axilla. He was taken to St. Thomas's Hospital, where he died whilst he was being put to bed. On the following day Sir Astley Cooper examined the shoulder, and found the following appearances:—A large quantity of extravasated blood beneath the integuments, extending as far as the cervix humeri, below the insertion of the subscapularis muscle; the axillary artery and plexus of nerves before, displaced by the dislocated head of the bone; the deltoid muscle was sunk with the head of the bone; the supra and infra-spinati were stretched over the glenoid cavity; the inferior costa of the scapula, the teres minor and major, were but little changed in position, but the latter was nearly surrounded by effused blood; the coraco-brachialis was uninjured; the dislocated head of the bone was found between the axillary plexus and coraco-brachialis, the capsular ligament being torn on the whole length of its inner side, and capable of admitting a much larger body than the head of the humerus through the opening; the tendon of the subscapularis muscle was also extensively torn; the opening in the capsular ligament for the tendon of the long head of the biceps was also lacerated, but the tendon itself remained sound; the head of the humerus was thrown on the inferior costa of the scapula, between it and the ribs, and it was about an inch and a half below its natural situation.

CASE III.

The dislocation had existed for five months; violent attempts had been made to reduce the bone, but without success. The patient was a woman, aged fifty, and appeared to have died from the violence used in extension. Sir Astley Cooper examined the joint, and observed as follows:—The pectoralis major slightly lacerated, blood being effused amongst its torn fibres; the latissimus dorsi and teres major uninjured; the supra-spinatus lacerated in several places; the infra-spinatus and teres minor torn, but not to the same extent as the former muscle; some of the fibres of the deltoid and a few fibres of the coraco-brachialis torn; the biceps uninjured. The capsular ligament had given way in the axilla between the teres minor and subscapularis muscles; the tendon of the subscapularis was torn through at its insertion, and the head of the bone rested on the axillary plexus of the nerves and artery.

CASE IV.

Dr. Hunter, in the Transactions of the Edinburgh Medico-Chirurgical Society, for 1824, gives the following description of the appearances he discovered in a case of this accident:—Large lacerated wound of the belly of the deltoid muscle, under which was a considerable quantity of coagulated blood; the tendon of the supra-spinatus muscle was ruptured, and had torn away with it a considerable quantity of the capsular

ligament; the coracoid process was fractured in two places, one piece remaining attached to the tendon of the pectoralis minor, the other to the coraco-brachialis and short head of the biceps; the long head of the biceps remained entire, but the humerus was broken in several pieces above its middle.

CASE V.

Is related by Mr. Crampton, in the third volume of the *Dublin Journal*. In the year 1808, a labouring man was brought to the county of Dublin Infirmary in a dying state, having been buried beneath the partition wall of a house, under the foundation of which he had been digging. The man did not survive more than two hours, and the body was examined eighteen hours after death, and the following appearances observed:—The cellular membrane, extensively ecchymosed, formed a kind of cap, closely embracing the head of the humerus, which, when the axilla was cleared, was seen lodging on the inferior costa of the scapula, or rather its neck. The head of the bone in escaping from its socket had pushed the teres minor downwards, and burst through the lower part of the subscapularis muscle, some of the fibres of which closely embraced the neck of the bone, while the bulk of the muscle was pushed upwards and detached from the inner surface of the scapula. The neck of the humerus, therefore, was in some degree embraced by the divided fibres of the subscapularis, while a portion of its head rested on the neck and part of the venter of the scapula, without the intervention of any muscular substance; the short head of the biceps and coraco-brachialis were forced to describe a curve outwards over the neck of the humerus on the external side, while the long head of the triceps crossed the neck of the bone obliquely on the dorsal side. The capsular ligament was torn off from the lower part of the neck of the humerus, to the extent of more than half its circumference, the torn edge appearing like a crest over the head of the bone; the great nerves and blood vessels of the arm were forced to describe a curve backwards, by the pressure of the head of the bone; but the greatest injury had been sustained by those capsular muscles which lie at the back of the scapula. The tendons of the supra-spinatus, infra-spinatus, and teres minor, were completely torn off from the humerus, carrying with them a scale of bone, or rather the surface of the greater tubercle.

CASE VI.

There is a preparation in the museum of the Royal College of Surgeons taken from a patient of the late Sir W. Blizard. The patient had suffered dislocation into the axilla, which was unreduced. The head of the bone lies between the scapula and the subscapularis muscle; the infra-spinatus and teres minor muscles are entire, but the tendon of the supra-spinatus appears partially separated from the greater tubercle; the glenoid cavity is absorbed on its inner side, and is quite denuded of cartilage; the capsular ligament is extensively lacerated, and its torn edges are covered with a kind of fibrinous fringe.

Mr. Gregory Smith, in the thirteenth volume of the *London Medical Gazette*, has recorded the dissection of five cases of this form of dislocation, which had remained unreduced, and two of dislocation forwards, taken from subjects in his anatomical room. In some the mischief was so extensive as to account for the

non-reduction, or, rather, for the inability of preserving the limb in situ, even if replaced. In the first case the bursa beneath the deltoid muscle, communicated with the articulation by a large lacerated opening; the tendons of the subscapularis, supra-spinatus, infra-spinatus, and teres minor, were all torn away from their attachments, as was also the long head of the biceps, which was entirely withdrawn from the joint, and remained firmly attached to the anterior margin of the bicipital groove; the capsule was much thickened; long and numerous bands of organized lymph extended in various directions; the anterior portion of the glenoid cavity was broken off, and the head of the bone, under surface of the acromion and glenoid cavity, covered with a kind of porcelain enamel.

In the second case, the bursa communicated with the articulation, as in the former instance. The tendon of the subscapularis was partially torn from its insertion; the long head of the biceps had been ruptured about half an inch from its attachment to the glenoid cavity; the supra and infra-spinati, with the teres minor, remained entire; the capsule was much thickened and torn, and fibrous bands extended in various directions, but the articulatory surfaces were not covered by enamel.

In the third case the bone appeared larger than usual; the tendons of the supra and infra-spinati, teres minor and long head of the biceps were completely separated from their insertions, the tendon of the subscapularis was partially so, the capsule was thickened and torn, and the articulating surfaces covered by enamel.

In the fourth and fifth cases, the patient had been a hard-working washerwoman to the time of her death; both shoulders had been dislocated. In the right shoulder the bursa beneath the deltoid, communicated with the articulating tendons of the subscapularis and supra-spinatus muscles, torn from their insertions, both having become united with the common capsule; the long tendon of the biceps was torn and attached to the margin of the bicipital groove; there were numerous points of exostosis and enamel on the nether surface of the acromial process, which had been fractured obliquely and united by ligament; that portion of the belly of the biceps connected with the long head was very short and thin, whilst that attached to the short head presented a corresponding increase of development from having double duty to perform. In the left shoulder the bursa was lacerated as in the right; the tendons of the supra-spinatus, subscapularis, and long head of the biceps, were torn through or detached, the synovial membrane lined by villi of lymph, and the head of the bone, glenoid cavity and acromion process covered with enamel. I shall reserve the remaining two cases until we come to the subject of dislocation forwards.

The next points for our consideration are the obstacles to reduction. The older surgeons, from not having availed themselves of their opportunities of dissecting these cases, were apt to theorise upon the subject, and we consequently find some of the highest authorities in surgery, among which we may enumerate the names of Petit, Duverney, Heisler, Boyer, Desault, and White, imagining that the difficulties arise from the neck of the bone being tightly embraced by the ruptured capsular ligament.

Boyer and Desault believe that the capsular ligament is so constructed that frequently the opening in it becomes closed, and thus impedes the return of the head of the bone, but the cases which I have above related to you, prove the fallacy of this doctrine, inasmuch as in all these instances the ligament had been lacerated to too great an extent to offer any obstacle, and, moreover, these tissues, as I have pointed out in a former lecture, although capable of being stretched to a certain extent, are not endowed with the power of contractility, and, consequently, if the torn edges should fall round the neck of the bone, they do so passively, not actively, and are totally unable to present any active resistance, as they must do if Boyer and Desault were correct in their opinion. But it is universally admitted in the present day that the muscles are the great opponents to reduction. They, as Mr. Pott has observed, are the moving power by which these parts are thrown into action. When, therefore, their course of direction becomes suddenly and violently changed, when they are put unnaturally upon the stretch, they are thrown into a state of powerful antagonization, and the stimulus afforded from the irritation keeps up this contraction. Hence arise the difficulties; and it would appear that the muscles perform their various offices connected with dislocations—first, in producing the dislocation; secondly, in opposing reduction; and thirdly, in effecting reduction when the head of the bone is placed in a favourable position by the efforts of the surgeon. The next question, however, which suggests itself is, what are the muscles which offer the greatest resistance, and which consequently are the great obstacles? It was to this point I referred when I alluded to the inutility of endeavouring to lay down a general rule from isolated cases. There can be no doubt that the effects of dislocations differ with the different causes producing them, and that a true knowledge of these effects can only be attained by experience, either from the examination of several cases by dissection, or by comparing the results of the various cases recorded. Mr. Thompson, in his observations in his own case, has alluded to this, and he moreover inquires, "whether the difficulty in reducing a dislocated shoulder, when the head of the bone is lodged in the axilla, does not proceed from the neck of the humerus being *tightly embraced by the tendons of the subscapularis and teres minor muscles passing obliquely over it*, and by the pendulous flap of the capsular ligament: the first making a considerable resistance, and the latter, by closing the opening between the tendons, in attempting to reduce the head of the bone from without inwards, becoming tense and stretched in proportion to the extension of these tendons and impulse of the head of the bone behind it, and thereby preventing the reduction, especially when the attempt is made in an horizontal line, or carried downwards?"

With regard to Sir Astley Cooper's second case, that gentleman, after describing the appearances, proceeds—"Having determined these points by dissection, I next endeavoured to reduce the bone, but finding the resistance too great to be overcome by my own efforts, I became very anxious to ascertain its origin; I therefore divided one muscle after another, cutting through the coraco-brachialis, teres major and minor, and infra-spinatus muscles. Yet still the opposition to my efforts remained, and with but little apparent

change. I then conceived that the deltoid must be the chief cause of my failure, and by elevating the arm I relaxed this muscle, but still could not reduce the dislocation. I next divided the deltoid muscle, and then found the supra-spinatus muscle my great opponent, until I drew the arm directly upwards, when the head of the bone glided into the glenoid cavity. *The deltoid and supra-spinatus muscles are those which most powerfully resist reduction in this accident.*"

Let us now refer to Mr. Crampton. He says—"In order to ascertain the nature of the obstacles which oppose the reduction of the dislocated humerus, the scapula was fixed by the arm being raised to nearly a right angle with the body; extension was slowly applied to the arm by pulling at the wrist; it then appeared that so long as the hand was held supine, the head of the bone remained immovable, the chief resistance appearing to be caused by the *closing of the biceps and triceps behind the head of the bone.* The muscles on the back of the scapula being detached from the greater tubercle, could of course afford no resistance, but on turning the position, and giving motion of rotation inwards to the whole limb, the extension being still maintained, the head of the bone glided easily into the socket."

Here then we have the description of three cases, with the opinions of three eminent surgeons, derived from the appearances which each case presented on dissection. The direction and character of the dislocation were the same in all three, but the effects and the obstacles to reduction were very different according to the statements of these gentlemen. Mr. Thompson considered the teres minor and subscapularis muscles the great opponents; Sir A. Cooper, the deltoid and supra-spinatus; whilst Mr. Crampton, whose case bears great analogy to that of Mr. Thompson, affirms that the difficulty of reduction arose from the contraction of the biceps and triceps behind the neck of the bone.

These three cases, as well as the others which I have related to you, establish the fact, that in dislocations apparently similar, there are many kinds as well as degrees of lesions, and consequently very different causes of opposition to reduction; they also point out to you the necessity of acquiring a complete and general knowledge of the subject, the direction and attachments of the muscles, what have been the difficulties encountered in these cases, what has been observed on dissection, and lastly, what has been done by others to obviate these difficulties; for if you content yourselves with merely adopting individual views, or being guided by individual experience, you will find yourselves very much at a loss when you arrive at the practice of your profession.

M. Malgaigne places the subscapular among the muscles stretched. He observes, "the deltoid is much elongated, the supra and subspinal, and teres minor, are stretched over the glenoid cavity. The subscapular passes above the head of the bone, interposed sometimes between it and the coracoid process; it is more stretched than any other and tends to draw the head of the bone into the subscapular fossa." M. Filugelli, of Parma, in a paper on reduction of recent dislocations, controverts this opinion of Malgaigne, and states, that "all the observations he has made upon the dead body tend to contradict the statement as to the subscapularis

muscle." But with regard to experiments made on dead bodies, we must always take into consideration, that the parts acted upon are in a very different state to what they are during life. The dead muscles being deprived of their vital contractility, have no longer the power of offering any active resistance, or of exerting any active influence over the bone, either in displacing it or in retaining it when so displaced, further than that which would be experienced from any other passive bands; the evidence, therefore, which these experiments afford, must be regarded as anything but conclusive. However, I am disposed to agree with M. Filugelli generally as to the subscapularis muscle, inasmuch as he is supported by the facts exposed in the cases I have related, for in eight out of the eleven, this muscle was either completely detached or extensively lacerated. M. Filugelli asserts that the resistance to reduction is not due to muscular contraction, but that other aid is necessary. "Thus, he says, it is the bony prominences which, projecting against the articular head on the one hand, and the stretched muscles on the other, incessantly pushing the latter against these prominences, which is the essential and complex cause of the obstacles under consideration." No one ever doubted this who attributed the cause to muscular contraction, for if the bones were perfectly smooth and presented merely plane surfaces, without any irregularity, the difficulties would be very much less; but it is not the bony eminences of irregularity which push against the head of the bone, but the head of the bone drawn and fixed against the bony eminences by the action of the muscles, that produces the opposition, and therefore, after all, we return to muscular contraction as the true cause.

CASE OF MALFORMATION OF THE GENITALS, IN WHICH A CHILD, TWO MONTHS OLD, CHRISTENED, AND ALWAYS CONSIDERED AS A FEMALE, PROVED TO BE A BOY.

By HENRY TERRY, Esq., F.R.C.S., Surgeon to the General Infirmary, Northampton.

Lois Brown, of Mears Ashby, Northamptonshire, aged two months, was brought to the Northampton General Infirmary on the 9th of March, 1843, on account of a malformation in the organs of generation. The mother and grandmother, who came with the child, said that the external opening was closed, and the water came the wrong way, and that she was born so. On my first examination, it appeared to be a common case of imperforate vagina. There was, however, a little fulness, and a slight degree of prominence at the lower part of the supposed closed orifice, and this was the only peculiar circumstance which I observed. On proceeding to separate the adhesion, which required no cutting, and very little force, my utmost surprise was excited by the appearances which were presented to view. There was something which looked like a penis, and I immediately fancied that my patient was a case of hermaproditism. I separated the parts more extensively, and more minutely examined those which had been concealed; a glans penis and prepuce were now discernible, and the penis was complete, though a good

deal confined and bound down to the neighbouring parts. The vagina was searched for, but in vain. The scrotum, with one testicle down, and the other descending, was gradually developed, and the little patient was presented as an entirely male child. There was a slight indentation at the orifice of the urethra, but the canal was impervious, and the urine passed through a little opening behind the corona glandis, just at the insertion of the frænum preputii. There was a large quantity of loose cellular substance covered by integument in the neighbourhood of the parts, so that even after the separation of all the adhesion, the slightest lateral pressure with the fingers gave again the appearance of a closed vagina, covering and entirely hiding the penis and scrotum as before.

I am at a loss to give any satisfactory explanation of the appearances which I have attempted to describe. It only appeared to me that from an exuberant quantity of surrounding soft parts, together with a retracted and rather confined condition of the penis, the two sides of the former had met, and formed an adhesion, but this had evidently happened before the birth of the child, as no doubt had ever been entertained as to the supposed fact of its being a little girl.

I visited the child the next day at Mears Ashby, and found him quite well, but the mother was in tears and great trouble, as she said she should be laughed at and ridiculed by all the village for not knowing a boy from a girl. I endeavoured to satisfy her on this subject by assuring her that her ignorance on this point was not greater than my own, and I offered to give her a statement of the facts of the case for the clergyman of the parish. The child has been frequently at the Infirmary since; the urethra is still impervious. I have made many attempts to introduce even the finest probe, but have not got it in further than a quarter of an inch. The urine passes through the false passage without inconvenience. The penis is still rather confined, and the same state of the surrounding parts remains; by very slight lateral pressure the almost perfect appearance of the female organs is again produced.

During the present tender age of the child it would doubtless be wrong to do any thing more respecting the urethra, but it will be eventually important to decide whether any thing can be done. I believe that the urethra is not carried through the glans, but terminates in the false opening behind that body, constituting the disease called hypospadias; and I fear that such a case admits of no remedy.

ON THE EMPLOYMENT OF THE ESSENTIAL OIL OF ALMONDS IN COOKING.

By EDWARD D. WALKER, M.D., Teignmouth.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The important case of fatal poisoning by the essential oil of bitter almonds, communicated by Dr. Bull, in a recent number of the Journal, brings to my memory the following circumstance, witnessed by me some years ago in the house of a friend. To many of your readers it may seem scarcely worth relating, and yet trivial as the narrative may be, to others it may possess no mean significance, as an illustration of the extreme ignorance, which I fear too generally prevails

amongst those who are in the habit of using the almond flavour for domestic purposes, of the qualities of the "perilous stuff." From this ignorance, and the unhappy facilities which the faulty state of our law permits to the most reckless and uninformed of obtaining this as well as all other poisons, even more serious consequences might result, than from its employment for criminal purposes. Anything therefore which can tend even slightly to expose this state of things more fully, seems to me not unworthy of attention, more especially just at this time, when, *Heu! quanta nobis instat perniciēs*, our rulers seem bent upon making matters worse—when those who are opposed in everything else to the author of the portentous new scheme of medical legislation with which we are threatened, cheered him on his announcement of his desperate purpose,—when parties, agreed in nothing else, seem disposed to join in letting loose quackery upon the land.

On the occasion to which I refer, a pudding was sent to table so highly flavoured with the bitter almond, that looks of distrust were exchanged amongst the party, and no one seemed disposed to commence the assault. A message was sent to the cook to enquire in what form she had used the flavour, but we all know that cooks, as well as poets, are somewhat of a "*genus irritabile*," and an impatient answer was returned, which threw no light on the subject. It may be supposed, therefore, albeit uncomplimentary to her professional skill, a tender point with most of us, that her delicious dumpling was partaken of with great moderation. Next day I prevailed upon her to show me the material she had used, when to my surprise, she produced a small bottle, containing the undiluted essential oil of almonds. Of course I explained to her its nature, and the danger of her making use of so deadly a poison for such purposes. But I laboured in vain, she could not be convinced, and was so persuaded of its harmlessness, that she declared her determination to *drink it all*, in order to prove her superior knowledge of a matter she thought entirely within her own department; and the silly creature continued so determined, that I really believe she would have carried into effect her mad purpose, and suffered the consequence,

"Like him who knew not poison's power to kill,
Until by tasting it, himself was slain;"

had I not bethought myself of an expedient by which she was perhaps saved from becoming the victim of her own folly.

There was in the house a favourite *cat*, and I suggested that its effects should be first tried upon him. Here was an honourable compromise. Accordingly the contents of the phial, which measured rather less than half a tea-spoonful, were mixed with half a tea-cupful of milk, and offered to puss. But he showed himself far the wiser animal of the two. Whether it was that like the dog in the fable, he distrusted such sudden generosity—

*Repente liberalis stultis gratus est,
Verum peritis irritos tendit dolos—*

or that the mess was too highly flavoured to suit his unsophisticated palate, I cannot exactly say, but he prudently declined to taste the "drugged posset." Alas! poor Tom's caution availed him not, and whilst two fellow servants were engaged in ruthlessly forcing a

little of the mixture from a tea-spoon down his reluctant throat, the cook stood laughing by enjoying it as an excellent joke.

But, *Evæ! recenti mens trepidat metu*, I shall not soon forget the scream of horror with which she fell back into a chair, when she saw the instantaneous effects of this small quantity; for no second dose was required, and the poor animal, with eyes starting, and glowing with unnatural brilliancy, and violent convulsions, fell in half a minute dead on the table. The poor girl trembled violently, and it was some time before she recovered herself, and then she shuddered on reflecting on the narrow escape she had had; for she solemnly assured me, that had I not persuaded her to the experiment on the cat, she should certainly have drunk the whole of the poison without hesitation or fear, and expressed herself not a little grateful for the interference which she believed had saved her from an awful death.

The quantity which would have been swallowed in this case, was perhaps rather greater than that taken in the one reported by Dr. Bull, and might therefore have been also fatal. But this consideration, as well as that of the occasional misuse of the "daring drug," seems of less importance than the unrestrained employment of it in its undiluted form, for culinary purposes. Who can tell what unrecorded evils, what injury to health, or even worse consequences still, may have attended, and may yet follow, so absurd a practice, whilst the legislature looks heedlessly on, and unconcernedly sees *death* playing at "bo-peep" with us amongst the dishes on our tables. But if we cannot succeed in awakening the dull ear of authority to the many crying ills with which medical men are familiar, let them not be concealed by those who have an opportunity of making them known. Each little fact, even as small as the one above related, may help to enlighten the public mind, and arouse our sleeping sentiments.

I should apologise for intruding on your pages at so great length; but I conclude if you do not consider the matter of sufficient importance, you will not give my letter a place.

I am, Sir,

Your obedient servant,

EDWARD D. WALKER, M.D.

Teignmouth, Devon, Sept. 16, 1844.

MR. COX'S CASE OF CÆSARIAN SECTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The late case of Cæsar operation, reported by Mr. Cox, of Welford, calls for much weighty and grave consideration from the practitioners of midwifery; and at no time more than at the present, when quacks and quackery are in vogue, should we bestow more attention to these rare operations consequent on midwifery practice, which, when successful, call forth the gratitude and *astonishment* of the patient and her friends, but which, unfortunately, when often unsuccessful, go to brand an act with unwonted cruelty, and sometimes even destroy our reputation in that department of our practice.

Now, any one reading Mr. Cox's account of Rebecca Brooks' case, must at once acknowledge the extreme difficulty (insurmountable I may add) he had to encounter, and it is this very insurmountable difficulty that influences me in saying that craniotomy should never have been performed. What could be gained by it? Surely, as Mr. Cox himself declares:—"After waiting an hour, I sent for my friend Mr. Colston, of Bosworth, and we had a consultation, the result of which was, a determination to obtain a third opinion, as we decided that craniotomy would be of little or no avail, there being insufficient space for the base of the skull, &c. to pass." There was no hope whatever of delivery by that means, the danger of laceration besides attending it; and, above all, the certain destruction of the *child's life*, which too often is looked upon as a matter of little importance by many medical men, but the wanton sacrifice of which must be viewed by all as entirely *uncalled for*.

The operation, however, condemned in consultation as impracticable, was performed, the child destroyed, the mother put to torture and agony, and the chances of success from the Cæsar operation materially lessened, for I am fully persuaded that the irritation, pain, and excitement of perforating, must have, in a great measure, precluded Brooks from the otherwise better chance she had of recovery from the latter operation, and the almost certainty of the child having been born alive; for, from its appearance—"having been large and well made, and of more than average proportions"—we must conclude such would have been the case, and thus one life would have been saved, with the better chance of preserving the other also.

These remarks are called from me, being an enemy to *needless* craniotomy; and with a wish that Mr. Cox's unfortunate case may act as a warning to other practitioners, when called to a difficult case of labour, to think there are *two lives* entrusted to their skill instead of one.

I am, Sir,

Your obedient servant,

WM. B. Mc. EGAN, M.D.

Alstonfield, September 2nd, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 30, 1844.

The announcement of the intended general meeting of the Provincial Medical and Surgical Association, to take into consideration the Bill for the better regulation of Medical Practice, will be found in another column. It is unnecessary for us to remind the Members of the Association of the importance of giving effect to the meeting by a prompt and full attendance. The principles of reform recognized by the Association are well known. They are:—

"Uniform and efficient qualification in every branch of medical science.

"Equal right for all so qualified to practice

throughout the whole extent of her Majesty's dominions.

"The adoption of the representative system in the formation of the councils or governing bodies."

These are the principles which are embodied in the statement put forth early in the present year, and circulated among the members of the House of Commons when the first announcement of the new Medical Bill was made to the House by the Home Secretary. They are those which have been approved by many other Associations of Medical Practitioners, and are also, we believe, in accordance with the views of a large majority of the Medical Profession.

The first duty of the meeting will be to test the measure proposed to be acted, by these principles, and to consider how far its several provisions are in accordance with them; or whether, if they are departed from, it is to such an extent as to be altogether and fundamentally in opposition to them. The next subject for consideration will be whether the new bill, though possibly in agreement to a greater or less extent with the principles recognized by the Association, may not contain other provisions which are incompatible with the welfare of the Medical Profession, and calculated to diminish the usefulness of its members, and injure them in public estimation.

It is sufficiently obvious, for example, that the extraordinary and uncalled-for attempt to legalize the practice of unqualified persons could never have been contemplated by the Association, and therefore the recognition of any express principle,—that none but the duly qualified should be allowed to practice medicine,—would have been, previous to the introduction of the new bill, superfluous. The law up to this period had declared the practice of such persons illegal, and accordingly all that the Association had contended, or could contend for, was, that the enforcing of its prohibitions should be rendered of more ready and facile execution.

This then, with any similar errors and defects with which the bill may be chargeable, should be investigated, and if deemed wrong in principle, or injurious in effect, firmly protested against. The more grateful duty, also, of approval of such parts of the measure as are likely to prove beneficial will not be forgotten; and whatever may be the result at which the meeting shall arrive, we are assured that the same candour and high tone of feeling which have ever distinguished the meetings of the Association, will equally pervade the proceedings on the approaching occasion.

THE BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I remember being very much struck in early life by a little American work called, "Essays to do good," showing various ways in which individuals might benefit their fellow creatures. I also heard lately an admirable sermon from an eminent divine of Birmingham, whose writings, to say nothing of his sermons, have benefitted tens of thousands all over the world—from this text, "This thy day," which he treated under two divisions, "We have all a work to perform, and a day in which to do it." Now, sir, while my mind was under the meditative influence of both the above circumstances, I read the report of the last meeting of our Association at Northampton, and laughed over the lucubrations of my talented and estimable old friend, Mr. Newnham, on Mesmerism. Ingenious as are his arguments and deductions, I cannot agree with him, nor do I desire to do so, and yet he has in a most extraordinary manner worked upon my mind on the subject of our Benevolent Fund. He has roused me to action, and I at once resolved, without loss of time, to try whether I could not steal a march upon my friend, and raise more even than he has done, clever and influential as he is. He will be the first to rejoice with me when he learns that in one fortnight I have succeeded beyond my expectations. My plan has been, and I mention it that others may, if disposed, act upon its suggestion, to draw up a circular letter, a copy of which I have the honour to enclose for your perusal, and forward it to influential and benevolent persons in this neighbourhood and elsewhere, as they might be known to me. The result has been that I have in a short time received more than a fourth part of the whole disbursements of the fund for the last year, mostly in donations, but I have received a few annual subscriptions. I am proceeding, and, as soon as I can feel satisfied that my list will be for the present closed, I shall have the pleasure and satisfaction of communicating with our treasurer, Dr. William Conolly. I think if a few of our brethren would adopt some such plan, there would be no lack of funds. I am glad the compulsory clause was struck out at the last meeting, or, rather, was withdrawn, by that energetic able man, Dr. Cowan. No, Sir, the voluntary principle if you please.

Dr. Davis, of Presteign, has started an idea of a music meeting to benefit our fund. It has I think its objections, and the only way it strikes me in which it could be at all adopted, and I mention it in great deference to our Council, would be that each local committee formed where the anniversary is held, should be empowered to adopt on their own responsibility any measures, which their own locality or circumstances may induce them to do, likely to benefit the Benevolent Fund,—whether music, or a bazaar, or a town canvass, or all united.

I am very glad the *Journal* is continued: it is well managed, is a cheap and useful publication, but I should like to see practical details from others, as well as from the very able members who now almost exclusively write. What is Mr. Newnham about? or Mr. Workman, of Basingstoke, or Mr. Winter, of Brighton, or Mr. Wickham, of Winchester, that they seldom or

never benefit us by their close application and practical experience?—*verbum sat*.

One word, Sir, before I close this too lengthy communication, on the plan of proprietary schools. It will be an admirable one if *feasible*, but alas for the *vexata questio*, the odium theologicum. What can be done? Will it be possible to unite conformist and nonconformist brethren, or must the establishments be separate? University College has prospered under a liberal management, but now they have adopted an academical costume, and some people say—what next? King's College was more exclusive and became a failure. I am told it is rallying. Education is of the first and last importance, and I confess I am an advocate for it in the warmest manner I can be, but I do not see the way clear to a union of both parties, though I wish it, and with reverence would say pray for it,—that wisdom may be given to our committee to devise an able plan, and then to put it into execution. Pray excuse the liberty I have taken in thus troubling you with my cogitations, and believe me,

Sir, your obedient servant,

J. R. BEDDOME, M.D., M.R.C.S.

Romsey, Sept. 16, 1844.

SCHOOLS OF PRELIMINARY EDUCATION FOR THE SONS OF MEDICAL MEN.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Although the design of Mr. Martin is only as yet in its infancy, already has it called forth congenial minds to his assistance: nor is it, I hope, unbecoming any who feel interested in the subject of Medical Education, to attempt to further his benevolent intention. Together with the more learned observations of others, should the following practical suggestions—which are founded partly on personal experience, partly on the opinions of men who have taught in our universities—be considered worthy of record, I shall feel obliged by your giving them a place in your Journal.

I do not pretend, Sir, in this letter, to lay down a plan for a perfect course of study, proper to be pursued in a school for the medical profession; such details would be the business of the head master; but merely to call the attention of those interested in the matter, to the method by which the coming generation should in my judgment be grounded in those principles, the want of which we daily confess and deplore. It is presumed that the schools will be based on sound religious instruction, befitting the character of a learned profession, which, because it is of universal application, and because it has, in spite of hydra-headed quackery, in all ages, since the days of Hippocrates, maintained as a principle, "*quod semper, quod ubique, quod ab omnibus traditum est*," is entitled to be held eminently catholic.

It is possible that useful financial hints may be gleaned from observation of the ways pursued, and means appropriated, in some modern schools founded by private companies; but those who conduct academical study in our Universities, lament too often the poverty of real teaching in many of those recent establishments, where an attempt is made to teach too much. True education, as such men know, consists

not so much in giving positive information of facts, as in rooting of principles, which in after years are to be applied to the varied business of life. One danger, however, is especially to be guarded against in all systems; I mean that *narrow provinciality of mind*, which people are apt, and with good reason, to fancy is engendered by sameness of thought, of action, and of pursuit, where men of one profession only are united together. Against this there is no preventative perhaps more certain than a healthy and classical education.

Taking, then, the system pursued at our great schools as the basis, I would propose, without interfering with its fundamentals, so to controul the detail, that it may be modelled to the wants of the particular class for whom it is designed. For we must not forget, that although many of the scholars in our future schools will probably go out in arts, still the majority will be intended for the medical profession. To come at once to practical points I offer the following suggestions:—

In our schools certain authors should be added to the list commonly in use; some substituted for others. In Greek, Hippocrates, Aretæus, Aristotle, his physical sciences and natural history, might be added, with Theophrastus and Dioscorides, fathers in *Materia Medica*. So, too, Xenophon's "*Memorabilia*," parts of which are semi-medical, might be substituted for his "*Cyropædia*." Again, in Latin, more of Pliny and a little less of Cicero might be read; more of Lucretius, Virgil's "*Georgics*," Columella, and some of the writers *de re Rusticâ*, than of Ovid, Tibullus, and such like. To these add Celsus and Galen. Thus the discoveries of modern science, in almost every branch of medical knowledge, might be grafted, by comparison, on the discipline of mind which the learned languages impart. Nor should the Arabian physicians and the schoolmen be entirely excluded, such for example, as Averröes, the one

"*Averröis che 'l gran comento feo.*" *

and Avicenna; Paulus Ægineta, nay, perhaps even Paracelsus, the Empiric, father of chemistry; Cardanus, of Milan, "*Arcanorum naturæ peritissimus*;" Vesalius, Fallopius, Heurnius, the fathers of anatomy; Fabricius ab Aquapendente, the founder of modern surgery; Bohn, of Leipsic, "*De officio medici clinico et forensi*." These latter authors would prepare the mind for a nomenclature which it now approaches in utter darkness; and although they are too voluminous, and it would not be expedient, to place them unreservedly in the hands of boys, yet judicious "*Analecta Medica*," both in Greek and Latin, might be compiled for their use. Above all, more Latin than is usual should be taught; Latin prose composition, begun early, should never be intermitted, and, what is much neglected, boys should be trained to *speak the Latin language*.

Further, no sound education can be given, unless logic form a portion of it; and this particularly applies to the art of medicine, wherein precision of thought, profound reasoning, and accuracy of expression, are hourly called into serious exercise. This division of the subject, therefore, requires to be urged no further than to point out the necessity at least of rudimental instruction; but if an additional argument be needed, I may remind my brethren that in primitive ages we were all logicians. Galen, whom we justly regard as the father of our art, be it remembered, added the "fourth figure" to the praxis of syllogism.

* Dante inferno, c. 4.

In mathematics we principally require mechanics and optics, and whatever serves as a guide to thought. Modern languages and the polite accomplishments I leave for the present, but would recommend that encouragement be given to drawing. Much elementary instruction in osteology and myology might be conveyed by this means, besides that freedom in manipulation and grace in after life, which the use of the pencil gives.

I have now, Sir, endeavoured to show that our preliminary training should be essentially classical, and how modified to meet the exigencies of our profession; yet, in this our work of education, let us never forget the maxim of the heathen physician, the master-moralist of antiquity, that, "while in the arts *the thing produced* is what we chiefly look to, in moral action, on the contrary, the frame of mind of the *agent* is the principal point to be regarded."†

I am, Sir,

Your obedient and very humble servant,

HENRY DAYMAN, Surgeon.

Milbrook, near Southampton,

September 16, 1844.

† Aristot. Ethic : B. ii, c. iv.

THE LANCASHIRE BONE-SETTERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am desirous, through the medium of your widely circulating journal, of making known to the members of the Provincial Medical and Surgical Association, and the profession in general, the following statement, and to request their opinion as to what ought to be the conduct pursued by medical men in this district.

It is a well-known fact that Lancashire has long been celebrated or notorious for its bone-setters, or veterinary surgeons, who combine with their more legitimate profession, the practice of attending to the broken limbs and other accidents occurring to the biped, as well as those occurring to the quadruped animal. We are frequently requested to meet these men in consultation, and I, as well as several others, have invariably and decidedly refused so to do, believing that it would be neither conducive to the honour and dignity of the profession, nor in its ultimate consequences beneficial to the public, but the contrary. There are some medical men of great respectability and intelligence who do meet these men in consultation, and thereby gain a decided advantage over their more scrupulous brethren, who, actuated, in my opinion, by more correct feelings of professional etiquette, resign those patients who are determined to have the advice of the non-recognised practitioners, rather than, by consulting with such practitioners, recognise them. By so doing they not only incur a pecuniary loss, which to many is of importance, but also what is infinitely more disagreeable and injurious, they are frequently obliged to offend friends, whose good opinion and confidence they are naturally anxious to retain.

It appears to me evident that if medical etiquette and correct feeling do forbid such consultations with illegal practitioners, we are warranted in expecting that honourable medical men will decline such practice; but if, on the contrary, it is sanctioned by the common

usage, and is not considered inimical to the dignity and interest of the profession, it is equally evident that those who have hitherto been restrained by their feelings, will be bound in self-defence to conform to the practice of their less sensitive brethren.

We all in this district think we have just reason for being dissatisfied with the bill which Sir James Graham is about to introduce to the next parliamentary session, because there is no stringent clause to prevent irregular practitioners preying upon the health and pockets of the public. But how those who thus directly sanction such practices can be so, is to me incomprehensible.

G. M.

Bolton, Oct. 17, 1844.

[The foregoing letter is authenticated by the signature of the writer, or we should have considerable difficulty in believing that any medical practitioner, to whom the term respectable would apply, could so far forget himself as to countenance in any way this irregular species of practice. The feeling of the profession, with respect to the throwing open of the practice of medicine without restraint to unlicensed and unqualified persons, has been very generally and forcibly expressed. But how we may ask can it be expected that the Government shall attend to the remonstrances which the unconditional repeal of the protective clauses of the Apothecaries' Act have called forth, when medical men are not true to themselves, and recognize by professional intercourse in private practice the very persons of whose incompetence and unfitness they in public complain?]

FEIGNED DISEASE.—CAUTION TO UNION MEDICAL OFFICERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The union medical officer, in common with the army or navy surgeon, is liable to be called on, as an essential part of his duty, to discover and treat cases of feigned disease. I am induced to publish one lately occurring in my practice, in order that the offender may be detected with less trouble, should he come under the notice of any reader of your journal. A few weeks since I was requested to visit an old man of eighty, admitted as a vagrant to the workhouse at Wells. He appeared to be suffering merely from slight cold and fatigue, and was treated accordingly. As, however, after some days, he still complained of pain and weight about the region of the stomach, he was placed in the sick ward, where, in a day or two, he exhibited to me a quantity of blood, which he stated he had vomited. Various remedies, including blistering, were tried without amendment, the vomiting still returning at intervals. Finding the usual concurrent symptoms of hæmatemesis absent, I was at length led to suspect my friend to be a malingerer; the more so as the formal cut of his gray whisker indicated the old soldier, and his manner of talking on religious matters, and the "missionary service," in which he claimed to have acted, proclaimed hypocrisy. I there-

fore requested that he should be watched narrowly, but the vomiting not having been repeated, he became better, and in a few days left the house. After his departure it was ascertained from his companions in the ward, that his disease *was* simulated, and that he obtained the necessary quantity of blood by the old expedient of cutting his guns.

It has been my lot to detect and punish many malingers of his class; but this man's age and respectable appearance, if it did not prevent suspicion, precluded severe measures; and although one's *amour propre* may be somewhat wounded by successful deception, still it is far better to allow three such offenders to escape, than to punish one innocent and really diseased fellow-creature. If, however, as is probable, he practices the same device at the next comfortable quarters he reaches, I hope this statement may previously have met the eye of his medical attendant, who will know at a glance, that—

"Hotspur's father, old Northumberland,
"Lies crafty sick."

I am, Sir, your obedient servant,

H. W. LIVETT.

Wells, Somerset, Oct. 16, 1844.

INDIAN REMEDY FOR BOWEL COMPLAINTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have just now, as a patient, for a slight stomach complaint, a man who has been serving for the last eight years in India, as a private in the 16th regiment of Lancers. He is an intelligent man, and he has stated to me, that during the Afghan war, he suffered, with many others, from severe bowel complaint, and that they all cured themselves by squeezing the juice or pulp of a fruit, which he says the natives call "GORBUS" (and which very much resembles a pear in shape and size, but is much sweeter) into goat's milk, and drinking the mixture freely. This plan he states was invariably successful, and many cases yielded to it, which had baffled "the Doctor." Is anything known of the fruit? What is its botanical name? And what are its real qualities as a medicine? I perhaps, ought to state, that it is found at Benares. Probably some one of your numerous readers may be able to give some information.

I am, Sir,

Yours obediently,

T. P. F.

P.S. I made the man repeat the name of the fruit several times, so that I am tolerably sure of the sound, though by no means so of the spelling.

REGISTRATION FEES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Your journal of the 10th instant exhibits a tabular view of the number of the medical profession taken from the late statistical returns for England, Wales, Scotland, and Isles in the British Seas. Of course this

does not include members of the profession established in practice in our foreign possessions, or on foreign service in the army or navy. The numbers of surgeons and apothecaries are stated to be seventeen thousand and six. Will you, or any one of your numerous contributors, inform me what fees of registration this class of practitioners will have to pay, supposing Sir James Graham's Bill to pass unaltered in that particular.

I am, Sir, your obedient servant,

A GENERAL PRACTITIONER.

October 21, 1844.

[The 28th clause of the Medical Bill provides, that all persons legally practising as physician, surgeon, or apothecary, at the time of the passing of the Act, may register on the payment of a fee of *two pounds* in the case of fellows or associates of the Colleges of Physicians and Surgeons, and of *five shillings* in every other case.]

PLASTER OF VIGO CUM MERCURIO.

For the information of a correspondent we give the following as the composition of this preparation according to the French Pharmacopœia:—

Mercure	95 parts.
Styrax liquide	48 "
Emplâtre simple	312 "
Cire	16 "
Resine	ib. "
Terebinthine	ib. "
Gum ammoniac	5 "
Bdellium	ib. "
Encens	ib. "
Myrrh	ib. "
Safran	3 "
Esprit de Lavande	2 "

SIR JAMES GRAHAM'S MEDICAL BILL.

SALISBURY MEETING.

On Tuesday, October 8th, a meeting of the members of the Medical Profession resident in Wiltshire, was held in the Council Chamber, Salisbury, for the purpose of taking into consideration Sir James Graham's Medical Bill. Dr. Grove, of Salisbury, in the chair.

Among those present were Dr. W. C. Finch, Messrs. Andrews, Tatum, Toone, Winzar, W. M. Coates, Lush, Middleton, and Senior, Salisbury; Dr. Everett, Devizes; Messrs. Ogilvie and King, Calne; Messrs. Newman and Ramsey, Mere; Mr. Pyle, Aylesbury; Mr. Baker, Steeple Langford; Mr. Vomel, St. Helena; Mr. French, Wilton; Mr. Vicary, Warminster; Mr. Crozier, Hindon; Mr. L. O. Fox, Broughton; Mr. Bleack, Warminster; Mr. Willett, Fiddington; Mr. George Sylvester, Trowbridge; Mr. Gibbs and Mr. G. Shorland, Westbury.

The Chairman, in opening the meeting, observed, that his strong objection was to the appointment of the Board of Health, not by the election of the faculty, but by Government; and the question as to whether the provision of the bill, which went to deprive unregistered practitioners of the right to be appointed to

public offices, (situations in the army, navy, and civil departments of Government, or under the Poor Law Commissioners,) would have the effect of guarding the public against the danger of being attended by parties ignorant of their professional duties, was a point which required the most serious consideration.

The Honorary Secretary, Mr. Winzar, then read letters from Messrs. Bailey and Spencer, of Chippenham; Mr. Adye, of Bradford; and Messrs. Trender and Seagrim, of Devizes; expressive of their great regret in not being able to attend the meeting, and their interest in the cause for which it had been convened.

Mr. Toone, in rising to move the first resolution, said that Government had been repeatedly applied to to introduce some enactment on the subject of Medical Reform; they had responded to the call; and it was open to the profession to institute an inquiry into the provisions of the measure, with the view of fulfilling the alleged intention of the bill, which was to promote the best interests of all her Majesty's subjects, by furthering the knowledge of medicine and surgery on the part of those admitted to practice. The matter was of more general importance than might at first sight appear, since it not only regarded the respectability and efficiency of the medical profession, but included also the well-being, health, and best interests, of all her Majesty's subjects. Some points of the bill were important and valuable, as their object was to secure a certain amount of competency in those admitted to the practice of medicine, and no one could complain of provisions the object of which was to elevate the character and add to the intelligence of the members of the profession to which they belonged. There were, however, others which were open to considerable objection. The constitution of the Council of Health was calculated to confer on Government a greater amount of power and influence than they ought to possess. The medical profession would thus be placed under the direct influence of the Government of the country, and be presided over by men who would, to all intents and purposes, be Government officers. They could not tell what influence might be exerted in such circumstances. There was at the present day too great a desire for centralization, and he feared that the effect of the proposition in question would be greatly to endanger, if not to destroy, the independence of the profession. The chief objection was, that an opportunity was afforded to incompetent persons to practise, to the great injury of her Majesty's subjects, who it was to be feared, would be but too much disposed to place implicit confidence in such practitioners, whether they were registered or not. In answer to the argument that in matters of this kind the public were the best judges, he begged to remark, that he could not assent to that opinion, since he felt convinced that people in general were mere children in reference to what regarded their own health,—as an instance of which he would mention a case that had come to his knowledge, where an individual, on all other subjects of sound and vigorous understanding and most correct judgment, had repaired to Devonshire to consult a rural empiric, by whose advice he had actually hung frogs about his child's neck for the cure of his disease. In conclusion, Mr. Toone remarked, that it would be subject of high gratifica-

tion, if in the progress of the bill matters should be so arranged as to place in the hands of properly-qualified persons the high responsibility of attending to the health of her Majesty's subjects. Mr. Toone then submitted the following resolution:—

"That whilst this meeting hails with satisfaction such portions of 'The Bill for the better regulation of Medical Practice throughout the United Kingdom,' recently introduced by Sir James Graham, as are calculated to increase the influence of the profession and improve its character, it cannot but regard with a feeling of regret and disappointment those general principles which remove all restrictions from the practice of medicine, as a measure most dangerous to the public, and most prejudicial to the best interests of the profession."

Dr. W. C. Finch seconded the resolution, which was carried unanimously.

Other resolutions were moved and seconded by Mr. Tatum, Mr. Coates, Mr. Ogilvie, Mr. Newman, &c.; and on the motion of Mr. Winzar, seconded by Mr. Pyle, the following petition was unanimously adopted:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

"The Petition of the undersigned Physicians, Surgeons, and Apothecaries of Salisbury and the surrounding districts, humbly sheweth,

"That your petitioners are legally-qualified Practitioners of Medicine and Surgery, resident in Salisbury and its neighbourhood; that they deplore the anomalous condition of the medical profession, and concur in the expediency of its revision by legislative enactment. That, although they regard with satisfaction some of the provisions contained in the projected bill of Sir James Graham, yet as a whole they view it with disappointment, disapprobation, and alarm. While it professes to protect the medical profession and the public health, they believe it to be directly and most grievously injurious to both. That it offers direct encouragement to empiricism, with its enormous and incalculable evils, tends to degrade the educated and legalised practitioner, and to discourage and retard medical science. That it is unjust to practitioners who have qualified themselves by a prolonged and expensive course of study to subject them to an open and unrestricted competition with the uneducated; and, while protecting the army and navy, together with the poorer classes, it fails to provide for the great body of the community, and exposes them to the wrongs and miseries of the ignorant and unprincipled pretender. That the repeal of the Apothecaries' Act, without substituting ample security against empiricism, is both unwise and unjust; and that any bill which does not provide direct and efficient prohibition will fail to give adequate protection to the profession and to the community. Your Petitioners, therefore, respectfully and humbly appeal to your Honourable House, in confidence that the prayer of their petition will duly receive your serious and mature consideration.

"And your petitioners will ever pray, &c."

BEVERLEY MEETING.

A meeting of the members of the Medical Profession was held at Beverley, October 10th, for the purpose of considering the bill of Sir James Graham, for the better regulation of Medical Practice throughout the United Kingdom, John Jackson, Esq., Mayor, in the chair, when the following resolutions were adopted:—

Proposed by R. G. Bullen, Esq., and seconded by Richard Carter, Esq., R.N.:—"That this meeting considers the bill submitted to the House of Commons by Sir James Graham altogether inadequate to the purpose of promoting the well-being of the Medical Profession, and its provisions calculated rather to injure, than promote the interests of the General Practitioners."

Proposed by John Jackson, Esq., and seconded by John Williams, Esq., M.D.:—"That in the opinion of this meeting, the aforesaid bill, by repealing the Apothecaries' Act of 1815, and substituting no adequate protection for the great body of General Practitioners, would, if carried in its present form, be highly prejudicial to the interests of the profession, and the welfare of the public."

Proposed by Thomas Sandwith, Esq., and seconded by Charles Brereton, Esq.:—"That in the opinion of this meeting, any bill which does not prohibit the sale of stamped medicines, and prevent quacks and unqualified persons from prescribing medicines for the cure of diseases, is totally inadequate to relieve the Medical Profession from the evils under which it at present labours."

Proposed by R. Carter, Esq., and seconded by Thos. Sandwith, Esq.:—"That a Petition, embodying the foregoing resolutions, be addressed to the House of Commons, and that the Members for the borough be requested to present the same, and use their best efforts to promote the prayer of the Petitioners."

LIVERPOOL COMMITTEE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am requested to forward to you the names of the following gentlemen, appointed to form the Standing Committee of Liverpool, relative to Sir James Graham's Bill "For the better Regulation of Medical Practice throughout the United Kingdom."

I am, Sir,

Your obedient servant,

GEORGE MILLETT DAVIS,

SECRETARY.

Liverpool, October 23, 1844.

Dr. Jeffreys, Dr. Formby, Sir Arnold Knight, M.D., Dr. Freckleton, J. P. Halton, Esq., Dr. Sutherland, James Long, Esq., Dr. Dickinson, Samuel M'Culloch, Esq., Edward Batty, Esq., W. H. Bainbrigge, Esq., John L. Minshull, Esq., and King Ellison, Esq.

P.S. Very courteous and satisfactory answers have been received, and read to the Committee, from Sir James Graham; the four Members for the County; and the two Members for the Borough.

CHICHESTER MEETING.

At a meeting of the members of the Chichester Medical Society, held at the rooms of the Philosophical Institution, October 11th, 1844, Dr. M'Carogher, in the chair:—It was resolved that a meeting of the members of the Medical Profession of Chichester, the western part of Sussex, and the eastern part of Hampshire, be convened to take into consideration, and express their opinions upon the Medical Reform Bill, proposed by Sir James Graham. The meeting was appointed to be held at the Infirmary, Chichester, on Thursday, October 31st, at two o'clock in the afternoon precisely.

W. C. CAFFIN, Secretary.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SPECIAL GENERAL MEETING.

In compliance with a resolution of the Council of the Provincial Medical and Surgical Association, a Special General Meeting of the Association will be held at the Town Hall, Derby, on Thursday, the 14th of November next, to take into consideration Sir James Graham's Bill for the better regulation of Medical Practice throughout the United Kingdom.

The Council will meet at twelve o'clock: the General Meeting will take place at one.

ROBERT J. N. STREETEN,

SECRETARY.

BOOKS, &c., RECEIVED.

Mesmerism: Its Pretensions as a Science Physiologically Considered. By J. Allison, late Surgeon Hon. East India Company's Service, &c. London: Whittaker and Co. 1844. 8vo., pp. 52.

TO CORRESPONDENTS.

Communications have been received from Mr. C. H. Higgins; Mr. Clarke; Mr. Hetling; A General Practitioner; Dr. Beverly Morris; Mr. Knowles; Mr. T. Bancks; Dr. Cooper; Mr. Fernie; Dr. Soulbey; Dr. Charlton; Dr. E. Wilson; Dr. Madden; The Sheffield Medical Society; and Mr. J. Gates.

An Old Subscriber will find the list he wishes to procure regularly published in any of the commercial papers.

The reports of the Chester and Normanton Meetings are in type, and with those of Newcastle, Bristol, and several others, will appear next week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho,

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING - CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE VII.

Although, in the generality of instances, the signs and symptoms of dislocation downwards and forwards are sufficiently clear and well marked, still, as we occasionally meet with cases in which the symptoms are more obscure, and as we have not all of us the same opportunities of making ourselves acquainted with the subject, I will now point out to you their diagnoses, or the signs by which dislocations into the axilla may be distinguished from those accidents which, to a certain degree, simulate them, and which may be mistaken for them by the careless or inexperienced practitioner. I have already told you that the principal signs of dislocation downwards are the hollow beneath the acromion process; the flattening of the shoulder instead of its natural roundness; the arm a little elongated; the difficulty of bringing the elbow to the side; the presence of the head of the bone in the axilla; the tingling of the fingers; inability to raise the hand to the head; the impaired motions of the joint, and the alteration in the direction of the axis of the limb; and, lastly, the direction of the acromial process. From this you will observe that dislocations into the axilla differ from luxations forwards and inwards, or under the pectoral muscle, by the head of the bone in the latter accident being thrown beneath the clavicle under the pectoral muscle, and internal to the coracoid process; the arm shortened instead of elongated; the axis of the limb thrown forwards towards the centre of the clavicle; the elbow more separated from the thorax, and thrown further backwards; in most cases the absence of tingling in the fingers, as the head of the bone does not usually press upon the axillary plexus of nerves; and the inability of moving the arm forwards and backwards, which the patient can do in dislocations into the axilla. I would also add that the acromial process projects more, and that the sub-acromial depression is more marked in dislocations forwards than in luxations into the axilla; but as this is a question of degree, you will only be enabled to judge of the fact from experience.

You will distinguish dislocation into the axilla from luxation backwards, chiefly by the head of the humerus being thrown on to the dorsum of the scapula, forming a tumour, which obeys the motions of the humerus when the latter is rotated. There is also more power of motion remaining in this accident than in the two former to which we have alluded, and the direction of the limb is obviously the reverse of what it obtains in dislocations forwards.

In partial dislocations, or where the head of the bone lies against the coracoid process, the acromion is less prominent, and the depression beneath the latter is less marked than in a dislocation downwards; indeed, these latter signs can only be observed opposite the back of the shoulder joint, in consequence of the os humeri having left the posterior portion of the glenoid cavity. There is an evident fulness corresponding to the head of the bone in its new situation, where it can readily be felt moving when the arm is rotated. The patient enjoys what are called the under motions; but when he attempts to raise his arm, he is prevented doing so by the head of the bone striking against the coracoid process. The axis of the arm is also directed more forwards than in luxation downwards.

The diagnosis between the several forms of dislocation of the shoulder, which I have here described, is sufficiently clear to enable you to decide upon the nature of the injury in recent cases, before any considerable swelling has taken place, or where the patient is not overloaded with fat; but in some instances of fracture about the joint, the diagnosis is much more obscure. In Dupuytren's "Leçons Orales," there is a case related, which ultimately proved to be a dislocation, but in which considerable doubts were entertained for several days whether it was not a fracture, for which it had in the first instance been treated without success.

These cases will cause you great anxiety, and may be of serious consequence to the patient. Should the case be a fracture, and you mistake it for a dislocation, you put your patient to unnecessary pain by your efforts at reduction; but if you are careful, and understand what you are about, you will commonly be able to discover your error before it is too late, by observing that if you reduce the

parts, and then leave the arm to itself, they will immediately re-assume their abnormal position, which they would not were the case a simple dislocation. On the other hand, if the bone be dislocated, and the patient treated for a fracture, it will mostly be too late to rectify the mistake when the splints and bandages are removed, and the patient will remain more or less crippled.

You may frequently be called upon to decide the nature of injuries to the shoulder, at times very obscure and difficult to be made out. A man receives a blow, or falls upon the part, and finds that he has lost the power of raising the arm. Now, this may arise from various causes: from confusion of the deltoid muscle, or laceration of some of its fibres; from fracture of one of the bones, or some of the processes; from ejection of the biceps tendon from its groove; and, in early life, from the separation of the epiphyses.

As it is of great importance that you should be well acquainted with these several accidents, I will endeavour to explain them to you; for although I shall occupy a considerable portion of your time in so doing, and although some of the accidents in question are so different in character that it is impossible to mistake them for dislocation, still others resemble them more closely, and may be mistaken; and, moreover, as the late Sir Everard Home used to observe,—“You ought to be prepared not only for what you may, but for what you may not expect.”

FRACTURE OF THE ACROMION PROCESS OF THE SCAPULA.

This accident is the result of direct violence referred to the part. You must here recollect the scapular attachments of the deltoid and trapezius muscles; for when the acromion is fractured, by the weight of the arm, and the general attachment of the deltoid being drawn down thereby, the detached portion of the acromion is depressed and separated from the remainder of the process, which, with the scapula, is raised upwards and backwards by the trapezius muscle. In consequence of the arm falling, the natural roundness of the shoulder is lost; whilst the head of the bone, dropping to the extent of the capsular ligament, becomes partially dislocated towards the axilla. Carry your fingers from within outwards, along the spine of the scapula, and you will feel the rough sharp edge of the broken process just at its union with the clavicle, causing great pain upon pressure.

The distance from the sternal end of the clavicle to the extremity of the shoulder, is said to be lessened, but this arises from the falling and consequent flattening of the shoulder, and not, as has been set forth in a recent work on fractures of the extremities, from the clavicle having lost its connexion with the acromion process; for you must recollect the clavicle is in a very different position in this accident to what it obtains in dislocation of its scapular extremity. In the latter accident, the

diminution of distance doubtless depends upon the altered relations of the clavicle, inasmuch as one or both of the coraco-clavicular ligaments are ruptured; whilst in the accident we are now considering, this is not the case: and, moreover, by simply pushing the head of the humerus upwards, against the acromion process, the natural distance and appearance of parts are at once restored, which would not be the case were the clavicle displaced. The latter, in point of fact, has nothing to do with this apparent diminution; that, as I have before observed, depending simply upon the falling and consequent flattening of the shoulder itself. The arm hangs down by the side, and the patient complains greatly of the weight and dragging of the limb, which he usually endeavours to relieve by supporting his hand in that of the opposite side. He is unable to raise his arm, but can move it backwards and forwards. When called upon to treat a case of this description, you will be able to ascertain its true character, and to distinguish it from dislocation, by directing your patient to sit down on a low chair or stool; stand before him if it is his left shoulder, and behind him if his right; then take hold of his arm with your right hand, and cover the cap of the shoulder with the palm of your left; push up the humerus against the acromion process and the natural appearance of the shoulder is at once restored. Now, if you rotate the arm, you will distinctly feel the crepitus, produced by the rubbing together of the two pieces of bone, which can only be ascertained when the arm is pushed up, by which means the broken pieces are brought in apposition. Having ascertained the existence of crepitus, suffer the arm to fall, when the immediate return of deformity at once points out the nature of the accident.

To complete the subject, it will perhaps be better to give you the general laws of treatment to be pursued in these cases, although, strictly speaking, they appertain more to lectures on fracture than on dislocations. However, the best line of treatment which you can adopt, is, to push up the head of the humerus against the acromion process, by which means you approximate the broken pieces, keeping them steady by converting the head of the humerus into a natural splint. Do not put any pad in the axilla—if you do, you separate the fragments of bone, and prevent union; but on the contrary, place a pretty thick pad between the elbow and the body, thus relaxing the deltoid muscle, and keeping the head of the bone against the glenoid cavity. Having pushed the arm well up towards the shoulder, and drawn the elbow a little backwards, you fix the limb in this situation, by supporting the elbow, and binding the arm securely to the side with a roller carried round the body. You must prevent all motion for about three weeks or a month, by which time the parts will have united, occasionally by bone, but more generally by ligamentous substance. In the latter

case the arm remains more or less weakened. You had much better, therefore, explain this to your patient when first you are called to him, otherwise he may imagine that you have not treated the case properly.

FRACTURE OF THE CORACOID PROCESS.

This accident is much more uncommon than the last. The situation of the process, the manner in which it is covered and protected, and the mobility of the scapula, all tend to prevent its being broken. Cases are, however, occasionally met with, in which the apex of the coracoid process is broken off, and is drawn downwards and forwards by the united action of the short head of the biceps, the coracobrachialis, and the pectoralis minor muscles.

This is an accident which may be easily overlooked if you make your examination carelessly, or, unless you are pretty well acquainted with your subject. The patient tells you that he has received a violent blow upon the part, and that he finds difficulty in raising his arm, but when you examine him, you find little, if any, deviation from the natural appearance of the shoulder, further than tumefaction of the part, which does not always come on immediately; and indeed you will chiefly be guided as to the seat of injury by the point to which the patient refers the pain. Place your finger upon the clavicle at about an inch and a quarter from its acromial extremity, carry it downwards and slightly inwards towards the lower border of the axilla, and you will then be able to feel the detached portion of bone, more or less drawn down by the muscles which I have already enumerated, whilst its descent is limited by the coraco-acromial or deltoid ligament. If you now flex the forearm, relaxing the biceps muscle, and carry the arm forwards and upwards across the thorax, relaxing the pectoralis major and coraco-brachialis, by inserting your thumb or finger in the axilla, and grasping the anterior wall of that cavity, you will be able to fix the detached portion of bone, and push it up to its natural situation, when, feeling the crepitus, you will be convinced of the nature of the accident, which is so distinct in its character from a dislocation of the head of the humerus, that it is quite impossible to mistake the one for the other.

Keep the limb in the position I have last described—viz., flex the forearm and carry the arm upwards and forwards across the thorax, make your patient grasp the opposite shoulder with the hand of the injured side; next, fix a soft pad well up in the axilla, taking care that it is placed in the axilla, as close as possible to the pectoralis minor, and coracoid process, which you cannot do if it is allowed to rest against the lower edge either of the anterior or posterior border of the axilla. You should next apply a bandage over the whole in such a manner, that whilst the patient is prevented altering the position of the arm, the head of the humerus is carried up against the

deltoid ligament, acting as a natural splint, and preventing the separation of the broken pieces.

FRACTURE OF THE CERVIX SCAPULÆ.

In this accident, which is comparatively of rare occurrence, the scapula is fractured at its narrowest portion behind the glenoid cavity in such a manner, that whilst that cavity is broken off, the acromion and coracoid processes remain attached to the body of the bone. This injury arises from violence referred directly to the cap of the shoulder. The patient falls from a window, or is thrown violently down upon the ground, and alighting immediately upon the shoulder, the neck of the scapula is broken. A poor washerwoman in the month of July, last year, was leaning out of a window, hanging some linen upon a line to dry, when she unfortunately lost her balance, and fell heavily upon the pavement beneath. She was picked up in a state of complete insensibility and brought into the hospital, where she became my patient. When I saw her in the afternoon she was perfectly unconscious, and was evidently suffering from concussion of the brain. I waited until reaction took place, when I directed that she should be bled, and five grains of calomel placed upon her tongue, to be followed in four hours by an aperient draught, if she became sufficiently sensible to take it. Under this treatment the symptoms of concussion subsided in two days, when, as she complained very much of her right shoulder, I examined it, and discovered the following appearances:—The acromion process projected much more than on the sound side, and beneath was an evident depression and flattening, whilst the arm had dropped down so far below its natural situation, that the case at first sight appeared to be a dislocation downwards. The arm, however, could be moved freely about, in all directions, although with considerable pain to the patient. Upon placing my left hand over the shoulder, with my thumb upon the coracoid process, as recommended by Sir Astley Cooper, and pushing the arm with my right hand, upwards and slightly outwards, the natural shape and appearance was restored, and upon rotating the arm at the elbow, distinct crepitus could be felt. Having let go my hold upon the arm, it immediately dropped, and the deformity of parts was reproduced. The patient suffered from fracture of the neck of the scapula. The arm was restored to its proper shape, but I am informed that she has not as yet recovered the entire use of her limb.

I am indebted for the particulars of the next case to my friend Mr. Bennett, of Shaftesbury, in whose practice it occurred. The patient, a young lady, was thrown from her horse, and fell upon her shoulder. Finding that she had been deprived of the use of her arm, she sent for Mr. Bennett, who at once found that the neck of the scapula was broken, the symptoms and appearances being similar to those in my patient.

These cases present the usual signs of fracture

of the neck of the scapula. Let us now consider the causes of displacement in this accident. This obviously results from the detached glenoid cavity being no longer capable of sustaining the weight of the arm, which accordingly drops and hangs uselessly by the side; but the degree of depression and consequent separation, depends, as Sir Astley Cooper pointed out, upon the integrity of the ligament, which, in a previous lecture, I described to you, as passing from the spine of the scapula to the glenoid cavity of that bone. When this is torn, the glenoid cavity, and the head of the humerus, fall deeply into the axilla, and are drawn inwards against the inferior costa of the scapula, by the pectoralis major, latissimus dorsi, teres major, and the capsular muscles of the shoulder joint, with the exception of the deltoid, which being placed upon the stretch, separates the elbow from the side, increasing the similitude between this accident and dislocation downwards; but when the ligament remains entire, the displacement is much less.

Fracture of the neck of the scapula very much resembles dislocation into the axilla in appearance, and may be mistaken for that accident. Patients have more than once been tortured by injudicious attempts to return what has been erroneously considered the dislocated bone. This is a mistake which I trust none of you will make, as it does much harm; the violence immediately inflicted upon the soft parts causes inflammation and swelling, with great pain, constitutional irritation will ensue, and the patient be rendered exceedingly ill. The swelling rapidly coming on, will prevent your ascertaining the true character of the accident until much valuable time has been lost, and much suffering inflicted, which might have been spared, had you known what you were about in the first instance.

Fractures of the neck of the scapula also resemble dislocations into the axilla in general appearance; in the projection of the acromion process; the depression and flattening beneath this process; the loss of power, and elongation of the limb. They differ from dislocation, in the freedom with which the surgeon may move the arm in all directions; the facility of bringing it to the side; the crepitus felt when the parts are restored to their natural situation, and which can best be felt, by placing the finger or thumb upon the coracoid process, whilst you rotate the arm; the facility with which the deformity is overcome by merely pushing the arm upwards and a little outwards; and lastly, the return of the deformity immediately the arm is allowed to hang unsupported. When these signs are present, you ought at once to be aware that the case is one of fracture, and not dislocation.

Having flexed the forearm and placed it in the prone position, by which means you relax the long head of the biceps, introduce one hand into the axilla, and gently press the head of the bone out-

wards, whilst with the other you grasp the elbow and push it upwards, thus restoring the parts to their proper situation. Let an assistant hold it in this position whilst you place a cushion in the axilla, and fix it there by the figure of 8 or clavicle bandage. You must be careful to have this cushion of proper size, sufficiently thick to counteract the muscles, but not so thick as to throw the head unnaturally outwards, and thus prevent the parts coming in close apposition. You will be able to judge of the proper size of the pad by first fitting it to the sound axilla. I should also advise you to place a thick pad between the elbow and the side; otherwise, when you apply your bandages to that part, the elbow will be drawn inwards, and the humerus acting as a lever over the cushion in the axilla, will separate the portions of bone and prevent union. Next support the elbow and arm in a sling; you will find a very convenient sling in one made of mill or thick paste-board, or thick splint-leather, which should extend from the elbow to the fingers. You can model it to any sized or shaped limb by soaking it for a short time in hot water, and applying it wet; when it becomes cold it will retain its shape as long as required without further trouble. It should be supported by broad tape or pieces of rollers carried round the patients neck, and lined with flannel to prevent its scratching. The great recommendation of this sling is its cheapness, and the steady uniform support which it affords to the limb. Should you however be unable to procure this kind of apparatus, you will find a handkerchief a very fair substitute; or, support the arm and hand in a sling, carry a roller vertically under the elbow and over the shoulder of the injured side twice or three times, or even oftener; you will thus effectually bring up the head of the bone to its proper place. Next carry another roller round the body at right angles to the latter; let this pass on the outside of the injured shoulder over the projecting portion of the deltoid muscle, round the body, and under the axilla of the opposite side. Carry it round in this way as far as it will go, and pin it firmly both in front and behind to the vertical roller; then bind the elbow and lower part of the arm to the side by a third roller, which should also be pinned both in front and behind to the vertical roller. You will thus keep the parts steady, prevent their moving, and also the bandage or roller slipping off the shoulder. Under any circumstances, whether you use your pasteboard splint, or a handkerchief, you had much better apply the rollers in the way I have here described.

Mr. Earle, at page 187 of his "Observations on Surgery," has given the following description of an apparatus invented by him for fractures of the clavicle, and those occurring about the shoulder joint:—

"It consists of a strong sleeve, made of double jean or linen cloth, which reaches from half way up the upper arm, is fitted to the elbow, when bent, to

an angle of about 75 degrees, and terminates like the sleeve of a straight-waistcoat in a *cul de sac*. This is applied to the arm, and secured by straps or a lace and eyelet holes; at the extremity of this sleeve a band of strong webbing is attached, which is passed round the body and fixed to a broad buckle, which is fastened to a belt of calf's skin, lined with wash leather, about three inches broad, which is passed round the injured arm, just below the insertion of the deltoid. The action of the sleeve and strap is to prevent any action in the arm or forearm, and to bind it firmly to the trunk. To support the elbow in any position which may be required, I employ a leather cap adapted to the extremity of the elbow, and hollowed out at its centre for the olecranon. This is put on over the sleeve, and from it two broad bands of webbing pass obliquely up to the opposite shoulder, one in front of the thorax, and the other behind. These bands are affixed to two broad buckles, which are attached to a leather shoulder-cap, made of calf-skin, well padded and lined with wash leather, which is adapted nicely to the shoulder by means of a buckle and strap, which passes under the axilla. By tightening or slackening these bands the elbow may either be confined close to the side, or brought forward, as in the position required for fractures of the clavicle or coracoid process, and it may be permanently and steadily fixed in that position. Another strap may be brought down from the anterior oblique strap, and passed round the wrist, to assist in supporting the weight of the extremity."

Mr. Chapman, in his Atlas, in describing this apparatus, observes,—“One objection, however, attaches to it; the cap upon which the sling depends, and by which the injured limb is supported, in one form of the bandage, rests upon the opposite shoulder joint, and throwing all the weight of the other limb upon it, presses on the joint painfully, and impedes its motion.” To obviate this inconvenience, he recommends the following contrivance, which you will find delineated at plate 8 of his Atlas, figure 2, and which consists of a pad for the axilla, suspended by a cap to cross the shoulder, and a long band of webbing to support the arm, and confine it to the body, the two ends of which are buckled in front and behind to a circlet slipped over the opposite arm, and resting chiefly on the scapula: The circlet and the shoulder cap are connected behind by a strap which crosses between them, and is buckled to the posterior part of the cap, to draw the shoulders back if necessary. It may be adapted to either side by reversing the band of webbing and transferring the cross-strap. The band is divided down the middle, and reunited by a lace at the back, to accommodate persons of different sizes.

Both these inventions are ingenious and well adapted to the purpose, but at the same time they are subject to the objection of being more complicated than necessary, and consequently more expensive. Should you employ either for fracture

of the neck of the scapula, you must add a pad between the elbow and the side, and likewise fix the arm by a roller carried round the body; but in most cases the paste-board splint, &c., which is a modification of Mr. John Bell's sling for the arm, as you will find by referring to the 99th plate in the seventh volume of Mr. Benjamin Bell's System of Surgery, will answer every purpose, and has this advantage, that you can make it yourselves, and adapt it to any sized patient.

M. Delpech, in the first volume of his “*Maladies Chirurgicales*,” remarks, that these accidents are usually accompanied with such severe contusion, that the latter is of more consequence than the fracture itself. The contusion is undoubtedly very considerable in some cases, but not in all; certainly not to the extent imagined by M. Delpech. In the case of my patient at the hospital, the contusion and swelling were comparatively slight, probably from the violence of her fall being in some measure broken by her head having first come in contact with the pavement. However, when the pain is very violent, and the symptoms of inflammation very high, you should subdue them by leeches, purgatives, and the application of cold lotions to the part, always bearing in mind that a certain degree of inflammation is necessary to repair the mischief, and that the quieter the patient is kept, and the less he is disturbed by purgative medicine for the first two or three days, the better.

PRACTICAL REMARKS ON CEPHALOTOMY AND GASTRO-HYSTEROTOMY.

By G. B. KNOWLES, F.L.S., Fellow of the Royal College of Surgeons of England; Professor of Botany and Materia Medica in Queen's College, and Surgeon to the Queen's Hospital, Birmingham.

An interesting case of Cæsarean operation having been reported in No. 25 of the present volume, by Frederick Cox, Esq., of Welford, I am induced to offer a few remarks upon the treatment adopted. The case, although terminating fatally, is detailed with a degree of candour which is highly creditable to Mr. Cox, and which it would be desirable to see more frequently imitated; reports of unsuccessful cases being usually as instructive as those which are followed by a more fortunate result. I trust, therefore, that in the comments which I shall deem it necessary to make, I shall give no offence to Mr. Cox, my object being rather to draw the attention of the profession to certain practical points which I consider to be of vital importance in the operation, than to reflect with any unkindly feeling upon that gentleman's management of the case.

It must be freely admitted that it is scarcely possible for the obstetric practitioner to be placed in a more anxious or responsible position than when he finds himself compelled, by deformity of the pelvis, to effect delivery either by sacrificing the life of the child, or by performing an operation which, in this country, with one solitary exception, has been invariably fatal to the mother. In such a case, the first thing to be

ascertained is, of course, the *actual space* left by the deformity, with a view to determine, without loss of time, whether that space is such as to be available for delivery with probable safety to the mother. It is necessary to inquire, therefore, what is the smallest space through which it may be possible to extract a child *per vias naturales*, without injury to the woman; for, as Burns very justly remarks, it ought not to be forgotten that it is one thing to extract, and another to extract *safely*, in extreme deformity. Upon this point there is some difference of opinion, even among the highest authorities. Dr. Osborne maintained that where the sacro-pubic diameter measures *one inch and a half*, it is always possible to perform embryotomy; and that he himself succeeded in Elizabeth Sherwood's case, the diameter of whose pelvis he stated to have been *an inch and three quarters*. It is suspected, however, by the best obstetric writers, that Dr. Osborne was mistaken in his measurement; the case, therefore, is considered as unsatisfactory, and must not be taken as a rule for general observance in such circumstances. Velpeau is of opinion that craniotomy would be useless, dangerous, and ought not to be attempted even if the fœtus be dead, when the small diameter of the pelvis is less than eighteen or twenty lines, or *somewhat less than an inch and three quarters*. Dr. F. H. Ramsbotham, states that in cases where we find there is less space at the brim than *three inches and a half laterally*, by *one inch and three eighths in the conjugate diameter*, or *three inches by one and a half*, we ought to consider it our duty, however painful and appalling that may be, at once to propose the Cæsarean section, as the only means by which it is possible to save the mother's life, and as offering also the sole chance of safety to the child. Burns says that the crotchet cannot be used, when the child is of the full size, unless we have a space of *one inch and three quarters in the sacro-pubic diameter*, by three inches laterally.

From a careful examination of these and various other authorities, together with the result of my own experience, I have long been of opinion, that where the sacro-pubic diameter of the pelvis does not amount to *one inch and three quarters*, delivery can rarely be effected by craniotomy, with any probability of safety to the woman. But in estimating the diameter of the pelvis, we must not omit to take into consideration at the same time, the relative size of the head; for should the child be above the average size, with a large unyielding head, it is very questionable whether delivery could be effected by craniotomy, with safety to the woman, even with a sacro-pubic diameter of *nearly two inches*.

As respects the operation of craniotomy, it is not usual in France to practise it, unless the child has been ascertained to be dead, or there be good reasons for believing that it cannot live. They think it better to deliver by the Cæsarean section, than to sacrifice the child. This feeling has indeed been carried so far in that country, that in 1648 the question, "*Whether it be lawful to destroy one life to save the other,*" was submitted to the Doctors of Theology at Paris, who, after a long and grave discussion, decided that if the infant cannot be extracted without killing it, it cannot be extracted without committing a mortal sin; in which case it is necessary to have regard to the maxim of St. Ambrose, viz., *if it be impossible to assist the one*

without injury to the other, it is better to assist neither." Velpeau expressly says, that when the fœtus is ascertained to be strong and vigorous, we ought, instead of sacrificing its life, to extract it by the Cæsarean section, which, although a truly formidable operation, is not always fatal to the woman.*

In this country, however, it has been invariably the practice to have recourse to *craniotomy* rather than to *gastro-hysterotomy*, whether the child be living or dead, unless delivery by such means appear to be impracticable. That this is the most eligible, and at the same time, the most perfectly legitimate course to adopt under such circumstances, I cannot entertain a doubt, the life of the mother being infinitely more valuable than that of the child; for, as Velpeau very justly observes, a thousand social relations will induce us, if possible, to save the mother.

When there is sufficient space, therefore, to admit of delivery by craniotomy, *with a reasonable prospect of safety to the mother*, we ought at once to have recourse to that operation, even though the child be living, rather than consign the woman to the perils of the Cæsarean section. This, I think, should be regarded as a general rule, for, as the editor of the *Medico-Chirurgical Review* observes, "to perform the Cæsarean operation in preference to embryotomy, where the latter is practicable, is most unwarrantable; and evinces a lamentable, not to say a culpable want of judgment, as to the proper estimate of the value of human life." I understand, however, that Dr. Radford, of Manchester, is of opinion that craniotomy should never be performed; but as I am unacquainted with that gentleman's views, I abstain from further comment.

Let us imagine, then, that we have a case in which *craniotomy* is considered impracticable, and that our only resource is the Cæsarean section; the question naturally presents itself, at what period of the labour should the operation be performed? In answering this question I would observe, that it is most essentially important that there should be no unnecessary delay, even for a single hour. Supposing that labour has commenced and has made some progress, it would be well to operate immediately after the rupture of the membranes. It would, however, be much better to anticipate nature by rupturing the membranes, than to allow the strength of the patient to be wasted by fruitless and long-continued pains. That there is an advantage in effecting the escape of the *liquor amnii* before we commence our incision, there cannot be a doubt, as we thus prevent its effusion into the abdominal cavity; but we should be careful to avoid any delay after the escape of the *liquor amnii*, lest the life of the child be compromised by the powerful contraction of the uterus.

If we inquire into the cause of the fatality usually attending the Cæsarean operation in this country, I believe it will not be found to depend upon the influence of climate, nor upon any peculiarity of constitution in the women of Great Britain, as supposed by Mr. Simmons, of Manchester; but to be owing

* Quand tout annonce que le fœtus conserve toute sa force, et qu'il est robuste, nul doute que, loin de le sacrifier, comme on le fait dans la Grande Bretagne et dans le Nord, il ne faille l'extraire sans compromettre sa vie, au moyen d'opérations, graves à la vérité, mais non toujours mortelles pour la femme:—*Velpeau, L'art des Accouchemens. Tome, 1^{re}. 1829.*

chiefly to the delay which has been allowed almost invariably to take place, and the consequent exhaustion of the woman, before the operation has been performed. Dr. F. H. Ramsbotham is of opinion that the superior success on the continent is either owing to the operation being performed early in the labour, before exhaustion has supervened; or because it has been undertaken in cases where the constitution has not been so fearfully undermined by previously existing disease.* Dr. Hull very properly observes, that "there is a material difference between a patient's dying from an operation and after an operation; although, blinded by prejudice, we may entirely overlook this very necessary distinction with regard to the operation in question. In France, and some other nations upon the European continent, the Cæsarean operation has been, and continues to be, performed, where British practitioners do not think it indicated; that it is also had recourse to early, before the strength of the mother has been exhausted by the long continuance and frequent repetition of tormenting, though unavailing pains, and before her life is endangered by the accession of inflammation of the abdominal cavity. From this view of the matter we may reasonably expect that recoveries will be more frequent in France than in England and Scotland, where the reverse practice obtains. And it is from such cases as these, in which it is employed in France, that the value of the operation ought to be appreciated."†

According to the report of Mr. Cox's case, it appears that the patient was first visited about five o'clock p.m., and was found to have been in labour throughout the day; that since twelve o'clock the pains had been strong; and that they now continued to be strong, regular, and occurring every five minutes. The antero-posterior diameter was ascertained to be only one inch and a half. A second opinion was obtained, and it was agreed (very judiciously) that *craniotomy would be of little or no avail*. That a third opinion, under such circumstances, should have been desired, was natural enough; but it is greatly to be regretted that the consultation was deferred till eleven o'clock the next morning; and still further is it to be regretted, after the sacro-pubic space had been accurately ascertained to be more than one inch and a half, that *craniotomy* should have been attempted. Had the woman been delivered by the Cæsarean section on the previous night, it is possible that her life might have been saved.

By referring to the case of Sarah Bate, upon whom I operated with success in May, 1835, both the mother and child being saved, it will be found that the patient had trifling pains at distant intervals, for some hours; that about three o'clock in the afternoon they became strong; that about four o'clock a violent pain ruptured the membranes, and that the operation was performed about eleven o'clock the same night.‡ Here also there was some delay, which from various circumstances was unavoidable; but still the operation was unques-

tionably performed before any symptoms of exhaustion had manifested themselves. Had it been delayed till the next day, the case in all probability would have terminated fatally.

To this cause in a great measure I am disposed to attribute the singular success which attended this case. Something may also be due to the after-treatment. I had long been aware that in many of the recorded cases of Cæsarean operation, recourse had frequently been had to local bleeding and to purgatives, with a view to relieve pain, tension, and other alarming symptoms. When we reflect, however, upon the formidable nature of the operation, and the great shock it must necessarily produce upon the system, it will be readily admitted that depletion to any extent, would generally be a doubtful, if not an injurious course of practice. With this impression on my mind, depletion, either by bleeding, or by purging, was studiously avoided; pain was subdued by *opiates*; the bowels were assisted by *injections*. I attach also some importance to the use of *turpentine enemata*, which were administered from time to time, and by which, tension, to a most distressing degree, was effectually relieved.

In submitting to the notice of the profession these remarks upon craniotomy and gastro-hysterotomy, I beg to repeat that the chief object I have had in view, is to advert to a few points of practical importance; but more especially to insist upon the necessity of delivery by the Cæsarean section with as little delay as possible, whenever craniotomy appears to offer but faint hopes of safety to the mother, the latter operation, under such circumstances, being usually as fatal as the former.

CASE OF STRANGULATED INGUINAL HERNIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I send you the following case of strangulated inguinal hernia for insertion in your Journal, conceiving that a case presenting any unusual appearances may be interesting to your readers.

I have the honour to be, Sir,

Your obedient servant,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Oct. 24, 1844.

John Wallins, aged 67, who had been suffering for seven months with chronic disease of the liver, and much reduced, was seized on the 18th of May, 1844, with symptoms of strangulated hernia. There was not that urgency about his case which usually attends this disease, from the fact of his being reduced by previous disease; still it became necessary to propose to him an operation, as the only means of prolonging his life, if even for a short time, and he reluctantly submitted on the 21st, after the usual means to reduce it had proved unsuccessful. His pulse was very small and weak, but there was very little tenderness on pressure over any part of the abdomen when I proceeded to the operation.

* Principles and Practice of Obstetric Medicine and Surgery, p. 225.

† Vide, Dr. Hull's Defence of the Cæsarean Operation. London, 1799.

‡ Vide, Case of Deformity of the Pelvis, in which the Cæsarean operation was performed with success by G. B. Knowles. "Transactions of the Provincial Medical and Surgical Association." Vol. iv.

I made an incision in the direction of the tumour; more adipose tissue was cut through than I expected from his reduced condition, the various tissues were separately divided, and the hernial sac exposed and carefully opened, disclosing within, a perfect omental sac, firmly adherent to the neck of the true hernial sac, and containing a portion of intestine. On dividing the stricture, the intestine was readily returned from its thickened receptacle, leaving it (the omental sac) firmly adherent round the neck of the sac. It was not deemed necessary or advisable to open the omental sac, as the intestine was so easily returned; and the patient was put to bed, little affected by the operation. Not a teaspoonful of blood was lost, and the bowels were relieved in about three hours; the pulse still remained small and weak. No material change took place with the exception of the pulse becoming weaker, and he gradually sunk on the fifth day after the operation. Up to the time of his death there was no pain nor tenderness on pressure over the entire surface of the abdomen.

From the depressed state of his vital powers, and the delay in performing the operation, could the intestine have been gangrenous before the knife was resorted to? Certainly there was nothing in the symptoms to show such was the case, and as the omental sac was not opened, of course the state of the intestine could not be correctly ascertained. No *post-mortem* examination was allowed.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 6, 1844.

A false step is seldom taken or contemplated, whether in public or private affairs, without speedily affording instructive examples of the consequences. It is not surprising therefore that the crude notions on the efficiency and intention of the law, set forth in the speech of the Home Secretary, in his comments on quackery, and further carried out in his proposed bill for the regulation of Medical Practice, should be taken up and acted upon by others. We were not however prepared for the extreme disregard to the common forms of legal proceedings, and the premature assumption of powers intended to be conferred by the new bill, manifested in a case reported in the *Provincial Journal* of to-day.

One of our contemporaries has recently indulged in a description of imaginary judicial trials, such as may be expected to take place in the course of a few years, should the proposed free trade in medicine be enacted into law. But coming events cast their shadows before, and the fictitious trials in the

Lancet, of Oct. 26th, reported as occurring in the year 1843, are not exaggerated representations of a so-called investigation and decision of the Poor-Law Commissioners, which we this day report as occurring in the year 1844. In truth, these gentlemen seem determined to anticipate the advantages to be conferred upon them by the recognition of every man as his neighbour's physician, and, intent on fully carrying out the contemplated principle of the bill, have already set themselves up as surgical authorities, and proclaimed their rights and exercised their powers as such.

The case of Mr. Deshon, for whose admonition this board of lawyers, and gentlemen unpossessed of any claim to knowledge in medicine or surgery whatsoever, have volunteered their advice, will be found elsewhere. Its leading features are, that from the improper and illegal interference of a member of the Board of Guardians of the Union to which Mr. Deshon is attached, it became necessary for him to appeal to the Poor-Law Commissioners. The Commissioners are at length induced to send down one of their satellites to investigate the subject, who, albeit, professing to be learned in the law, has so little discrimination of either law or equity, as to convert the complaint made by Mr. Deshon, into a charge *against* his mode of practice; receives a preliminary *ex-parte* statement on the other side; entirely passes over the matter into which he was sent down to inquire; volunteers an investigation into a groundless charge not made; hears evidence on the subject, the evidence by the way of qualified and unexceptionable witnesses; and sums up the anomalous and unjust proceedings with a report to his superiors, directly opposed to the facts, the evidence, and the law of the case.

Such is the preliminary transaction; and it would be difficult to find elsewhere an instance of misconduct on the part of a public functionary more calculated to throw contempt on investigations of this nature, or to bring official authorities into discredit. We have now to look to the decision of the Commissioners themselves.

The very first clause of the document forwarded by their Secretary, Mr. Chadwick, to the Clerk of the Board of Guardians, contains or involves a mis-statement. Mr. Tufnell was not, and could not have been sent down to make investigation

into a charge against Mr. Deshon, for the simple reason that no such charge was made; but was appointed, in consequence of an appeal from Mr. Deshon himself, to enquire into the conduct of a member of the Board of Guardians. It can scarcely be supposed that the Commissioners would countenance their officer in the attempt to shelve or get rid of a complaint on the one hand by the entertainment of a counter-charge on the other; and yet that the Assistant Commissioner was not sent down to make inquiry into Mr. Deshon's *mode of treatment* further appears from the circumstance, that with a medical, and therefore qualified Assistant Commissioner at their disposal, to investigate a charge of this nature, however the subsequent parts of the document may seem to countenance such a supposition, they would never have made choice of one altogether unqualified.

In the second and third clauses, however, we find them taking up a ground against which it behoves every medical man in the kingdom, who has any respect for the honour of his profession, and every Union Medical Officer, who has any regard for his own comfort and independence, to protest. We deny altogether the competence of this Board to entertain the question of a point of medical or surgical practice; and when they assert they are *advised* of this or that mode of practice being correct or incorrect, we look upon their assertion as so much gratuitous folly, and the giving utterance to it as a piece of official and officious impertinence, which nothing but the oppressive weight of arbitrary power with which they are invested saves from the contempt which it merits. They are advised to decide on the merits of the long splint, or its applicability to any particular case! Who is competent to advise them, that because the majority of surgeons are, or may be, in favour of its employment, therefore in the case in question it was correct or incorrect? The only person who was competent to decide the point, as to that individual case, was the gentleman who had seen the patient,—Mr. Deshon himself; and if they went into a scrutiny of his mode of practice at all,—a scrutiny for which they and their underlings generally are confessedly unfit, there was the evidence of Mr. Hancock, a metropolitan surgeon of eminence, on which alone, as being given on the spot, they ought to have depended.

We would tell these gentlemen that this is not the mode of proceeding which their official duties require of them. If they are really desirous of obtaining for the poor man efficient medical attendance in sickness, and protecting him from incompetence or neglect, let them take care that none but really and efficiently qualified medical men are appointed to union offices, and let them see that the remuneration for the services required is sufficient. Attention to the first point will save them the trouble, and relieve them of the responsibility, of investigating questions of practice, for which they are altogether incompetent; attention to the second, while it is but common justice to the medical officers, will not only add another motive to diligence and care, but should an instance of real delinquency in this respect occur, so as to call for interference at all, will at once place the Commissioners in the right position, and enable them to exercise their powers with equity, as well as with a sound moral effect.

As to the trumpery charge against Mr. Deshon, and the admonition which they request may be administered to him, the only moral effect which it can have is to reduce this paltry exercise of the brief authority of a day below the value of the breath spent in its delivery. *Le jeu ne vaut pas la chandelle*. We may be allowed however to ask what public admonition has been vouchsafed to the meddlesome gentleman, whose unwarrantable interference with Mr. Deshon's duties gave rise to this extraordinary display? or whether, as his absence from the meetings of the Board of Guardians would seem to imply, he has received private intimation that he would exercise a sound discretion in relieving himself for the future from the discharge of this part of his magisterial office?

SHEFFIELD MEDICAL SOCIETY.

At the second meeting of the Session, Oct. 17th, Mr. H. Jackson, in the chair:

ILEUS; INTESTINAL CONCRETION.

Mr. Reedal exhibited a portion of the colon, and also a concretion of feculent matter, taken from the body of a man who died after a few days' illness, suffering from symptoms of ileus. Many years ago, he had taken by mistake, an ounce of salt of tartar, (carbonate of potash,) which made him very ill for some time. Shortly afterwards he perceived a tumour in the left iliac region, which was treated for hernia, and for some time he wore a truss. On one occasion, having suffered from constipation, he was removed some distance in a

cart, by the jolting of which it appeared as if something had been removed, as the bowels were freely opened.

On examination *post-mortem*, the ascending colon was found to be very much distended and thickened, and when opened, presented the appearance of inflammation, with ulceration of the mucous lining. In the caput cæcum was found the concretion, which weighed four ounces, and measured in circumference six inches. On a section being made, it was found to be composed of feculent matter, in concentric layers of a light brown colour; externally it was dark, nearly approaching to black. The two preparations were presented to the museum of the Infirmary by Mr. Reedal.

Dr. Favell exhibited—first, a very fine specimen of cirrhosis of the liver, taken from the body of a man, aged 36, who at one period of his life, but not within the few months before his death, had been in the habit of drinking largely of ale and spirits.

Dr. Favell exhibited—secondly, a heart which presented the following morbid appearances:—Adhesion of the pericardium for about the space of a shilling at the apex; effusion of lymph, without adhesion, on the right side, especially on the surface of the right auricle; numerous white patches, evidently consisting of semi-organized lymph on the right ventricle; vegetations on the fore edge of the mitral valve; extensive deposit on the aortic valves, on the middle segment of which there was a portion of lymph half an inch in length; patulous foramen ovale, without arctation of the pulmonary artery. The patient was a fine robust man, of florid complexion, who had been employed in working on the railroad. He was admitted into the infirmary in consequence of an attack of idiopathic pericarditis.

Dr. Branson exhibited the stomach of a man, which had a large scirrhus of the pylorus, which was not quite obliterated as fluid could pass through it, but the passage was very small. This was illustrated by a very good drawing representing its appearance on removal.

MEDULLARY SARCOMA.

Dr. Branson also exhibited a specimen of medullary sarcoma, which had been presented by Mr. Storrs, of Doncaster, to the Infirmary museum.

The patient was a farm labourer, aged 48, a sober, industrious man. He complained in April, 1844, of a small swelling on the outside of the left knee-joint, of about the size of a nutmeg, which had existed for some years back. It was perfectly moveable, and appeared to be encysted. It was blistered by another practitioner every two or three days for a month. It then increased rapidly, and in June he again applied to Mr. Storrs, when it had increased to the size of an orange, was of a dark red colour, strongly marked with superficial vessels, irregular, elastic, firm, and strongly attached to the knee-joint. It still increased, and a small trochar being introduced, poured out a considerable quantity of arterial blood, which was with difficulty restrained by pressure, and in a few days a large fungus appeared, which increased rapidly, and poured out blood constantly, to such an extent that amputation was resorted to, from which the man recovered rapidly.

The tumour was found to be adherent to the capsular ligament, and at the point of adhesion a vascular spot penetrated the synovial membrane. The tumour was as soft as brain

HYDROPHOBIA.

The Chairman then detailed at considerable length, the particulars of a case of hydrophobia, which had come under his care, in the Infirmary in May, 1843.

The patient was a boy, aged 18, an apprentice to a tilter. Some time about the previous Christmas, while separating two dogs which were fighting, one of the dogs bit him over the styloid process of the left radius, and inflicted a wound which was a long time in healing. The symptoms had appeared thirty-six hours previous to his admission, and the case terminated in twenty-three hours after. There was no appearance of recrudescence.

The principal points in the case were:—The very few paroxysms which occurred, which might be attributed to a strict avoidance of any attempt to produce them, a fact of some importance as regards the comfort of a sufferer under this awful disease. Their occurrence only when air was directed to the head, as appeared by his sitting for some time after admission near to an open window, with a brisk wind blowing upon his body. His power to swallow fluids, without paroxysms, when administered in a covered teapot, the spout being introduced into the mouth, which was not the case when administered with the lid off. The remarkable variation of pulse, which ranged from 90 to 120 beats in consecutive minutes, and even in the thirds of a minute beat 34, 34, and 27; and, again, 40, 25, 21, and 30, 25, 32, rarely being regular. The large quantity of calomel taken without producing ptyalism, being about one ounce and a half in the twenty-three hours. The bowels were not much moved, and only two small ulcers could be found, one commencing in the fauces, and the other about the size of a split pea, about an inch from the commencement of the œsophagus. A quantity of viscid mucus was found in the stomach, in which was some calomel, but not in any great quantity.

Inspection forty-seven hours after death:—The dura mater was healthy; the other membranes very vascular, especially external to the right hemisphere; there was considerable opacity, and in several places effusion of lymph; brain softer than natural; choroid plexus injected. Considerable opacity in the sheath of the spinal chord, near the eighth or ninth dorsal vertebra, and in the same locality a degree of effusion; the membrane just above vascular; pia mater of the chord, about three fourths of its extent, considerably injected, and a vesicle of air of the size of the end of the little finger was found at the commencement of the cauda equina. This injection evidently continued along the nerves within the sheath, as they passed from the chord, and was more evident posteriorly than anteriorly. Large vessels were seen running with the nerves. Peritoneum and intestinal canal normal; but in almost the whole extent of the latter a considerable quantity of green gelatinous matter was found. Larynx very considerably injected, and also the trachea; but this diminished in the bronchi. Lungs natural. The heart larger than natural, containing a quantity of dark fluid blood, mixed with air, in its right ventricle; valves healthy; aorta highly injected within the pericardium, and the pulmonary arteries the same. Kidneys congested, and bladder injected in patches externally. Pneumogastric nerves on each side of the commence-

ment of the trachea, injected. Cicatrix on the wrist pale, not at all elevated, and nearly as pale as the surrounding skin.

After the reading of this case the meeting adjourned, there being no time for discussion.

PROPOSED NEW CLAUSES IN THE BILL FOR THE BETTER REGULATION OF MEDICAL PRACTICE, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

It is with much pleasure that I have read some of your leading articles directing attention to the very defective provisions of the legislative measure which is about to be introduced into Parliament for the better conservation of public health. Admitting it to be a bill calculated to improve the character and attainments of the profession, it is to be regretted that it meets with that direct hostility which it has encountered from several quarters. There are indeed serious deficiencies which might be supplied, and wholesome restraints requiring to be introduced into it, which probably might reach the extensive system of irregular practice. I have therefore ventured to suggest clauses, which, if introduced into the present Act, might render it much more palatable to the profession, and to every disinterested party.

The forbearance which has been shown to those whom you justly term *medical swindlers*, is a striking picture of the lenity and toleration of the times. We cannot believe that "the only way to suppress quackery is by the encouragement of accomplished practitioners." This is but one means; something more remains to be done by way of preventing the gross impositions which are daily practised, apparently, under the protection of the State, by means of Government stamps and licences. Now, although the rights of patentees must be respected, yet in a term of years, that right will expire, and after the passing of the Medical Act, the Council of Health only should advise the Sovereign how far the Royal Prerogative might be safely exercised in granting letters patent for medicinal compounds. Under the present system, the pretensions of empirics are most impudent, and the columns of our newspapers are disfigured by them. In differing, however, from the high authorities who have drawn up the bill, we ought to show that candour which belongs to a liberal profession, nor feel at all jealous of any one who may make important discoveries in medicine, although the discovery was not made by a registered practitioner. For, if on examination by the Council it is not found to originate in erroneous views of its effects, mercenary motives, or with a fraudulent intent of the party, it should be allowed to be vended, and the discovery to be published unmolested.

The well directed labours of every one deserve reward. If we would conscientiously do justice, we should recognise all who merit the distinction of registration irrespective of their mode of induction to the science of medicine, and its collateral branches of knowledge.

Thus, as the Right Hon. Secretary is desirous of rectifying and exalting the position of the regular members of the profession, so I trust the same paternal solicitude will be shown for the welfare of the people, by affording them protection against the ignorance of those who are engaged in irregular practice. Reform is needed throughout the whole department of medicine, that the faculty may be no longer compared to the Romish Church of the dark ages, arrogating to itself a full dominion over the consciences of the people, and the medical doctors, like their spiritual brethren, "struggling to maintain a huge monopoly."

Probably Acts of Parliament will ever prove insufficient to entirely exclude "unskilful and ignorant pretenders" from practice, or prevent baronets and others from playing the fool by risking their health and lives in the hands of empirics.

Physicians and surgeons on their part would act wisely by giving popular lectures on anatomy, physiology, and public hygiene. The people by degrees would open their eyes to the downright folly of placing confidence in a quack who never saw the machinery of the body in health or disease. True Medical Reform will only progress with the increasing intelligence of society.

I am, Sir, your obedient servant,

JAMES PAXTON, M.D.

Rugby, Sept. 30, 1844.

"Be it enacted, that all laws now in force for licensing persons to vend secret medicines, be annulled and repealed.

"And be it enacted, that no person or persons shall sell, or by advertisement, or printing, put forth that he has for sale for himself or others, or that any other person has for sale, any secret remedy or specific for the prevention or cure of disease or bodily infirmity, except as hereafter provided, under the penalty of forty shillings for every such offence, to be recovered by any person who shall bring proof thereof before any one or more of her Majesty's Justices of the Peace.

"Provided always, and be it enacted, that nothing in this Act contained, shall be deemed or construed to prevent or forbid, or shall be interpreted to the injury of druggists compounding family or regular prescriptions of physicians or surgeons, or licentiates in medicine, and not intended or exposed for general sale. Nor shall such druggists be liable to any penalty for dispensing or vending the same. Nor is this Act intended to prevent, nor shall it prevent, benevolent persons from administering medicines gratuitously to their friends or any indigent persons. And whereas, discoveries have been, and may yet be made, by persons not registered according to the provisions of this Act, of great value and benefit to mankind; be it enacted that any person or persons making any such discovery, or compounding any specific not heretofore known, for the prevention or cure of any disease or infirmity, or any other person may lay such discovery or method of compounding, before the Council of Health, together with the certificates of two registered medical practitioners, that in their opinion the said discovery or method of compounding is new, and not heretofore known, and is of public use and benefit. And the

Council of Health shall direct and appoint three physicians or licentiates in surgery or medicine, who shall form a Commission to enquire into the value and utility of the said discovery, and report thereon. And if it be found to be of general use and benefit, the Council of Health is hereby empowered and required to inscribe the name or names of the person or persons laying such discovery before them, in the Register of Medical Practitioners, which registration shall give him or them a legal right to vend or advertise his or their medicine so discovered and reported on as aforesaid.

"And be it enacted, that if the report of the said Commission concerning such discovery be unfavourable, the person or persons so applying to the Council of Health, may appeal against such report, and may demand to have another Commission to make further inquiry into the merits of such discovery. The Council of Health to nominate two physicians or licentiates in surgery or medicine as Commissioners, and the appellant or appellants two, and the Commissioners so nominated, shall choose a fifth person, who shall together form a Commission of appeal, whose report shall be final. And if such report shall be in favour of such appellant or appellants, he or they shall be entitled to have his or their names in the Register accordingly.

"And be it enacted, that any person claiming to have his or their name or names so registered as aforesaid, shall, at the time of making such claim, pay into the hands of the Council of Health, or their Secretary, or any other person to whom they may appoint, the sum of £. 4, to defray the expenses of such Commission and inquiry.

"And be it enacted, that any person who may not have passed an examination at the Boards or Colleges legally authorised to confer diplomas or degrees, or grant letters testimonial according to the provisions of this Act, and who is desirous of being registered, may, on producing a certificate of two registered medical practitioners, of his moral character and fitness to practice, demand of the Council to be admitted to be legally registered. And as the Colleges and licensing bodies, authorised to grant letters testimonial according to this Act, cannot by the laws of their corporations or societies admit such persons to an examination, as to his medical knowledge and skill, unless he shall have previously conformed to the rules and regulations of such corporations or societies, it shall be lawful, and the Council of Health are hereby required to appoint three physicians or licentiates in surgery or medicine, who shall form a Commission to examine such candidate as to his qualification to practice as a physician or licentiate in surgery or medicine, who shall report the result of such examination to the Council of Health, and the Council of Health shall admit such candidate to the registration, or refuse accordingly.

"And be it enacted, that every such candidate for examination and registration shall, before such examination, pay to the Council of Health, or to their secretary, or to such persons as they may appoint, the sum of £. 4, for fees to such Commissioners, for examination and registration."

CLAIMS OF THE SOCIETY OF APOTHECARIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In one of the numbers of the fifth volume of the *Provincial Medical Journal*, there is an article on Medical Reform, in which I stated that I had my doubts whether Sir James Graham was sufficiently practically acquainted with the subject, and the various grievances under which the profession labours, and the abuses of the present system which call so loudly for legislative interference, to enable him to frame a bill that would give general satisfaction to the profession: and that I very much feared his forthcoming measure would be one designed to benefit the corporate members of the profession, more than the great body of general practitioners. The long looked for Medical Reform Bill has now been before the public and the profession two months, and if I may judge from the reception it seems to have met with from both, I was not far out in my prognostication; through your kindness it is now also in the hands of every member of the Provincial Medical and Surgical Association, and from many of them I expect you will have condemnatory notices for insertion.

It must be very gratifying to the members of the medical profession, to find that the bill has attracted so much attention from the public papers. The support of the press in the cause of Medical Reform will be a great help to us. The powerful articles in *The Times*, if we could be assured that they were not designed for the author of the bill instead of the bill itself, must have great weight. I am not one of those who, because the bill is not exactly what we could wish, would wholly oppose it; and I must confess that I am somewhat surprised at the simultaneous and combined movement in opposition to it. Although the bill is not what I could wish, it contains some good clauses, and the head ones are not, in my opinion, unfavourable. However crude and unsatisfactory it may appear, I think if our representatives are properly instructed, it may be made palatable to all parties.

The two principal objects of the bill for the better regulation of medical practice throughout the United Kingdom, seems to be the annihilation of the Society of Apothecaries, and the establishment of a Council of Health and Medical Education. The sweeping clause that repeals the Apothecaries' Act of 1815 is the one that has raised the opposition and indignation of all classes of the medical profession. The repealing of this Act will be casting a stigma, and inflicting an injury, on a body of individuals who have done more in thirty years to improve the medical profession, than either the College of Physicians or Surgeons have done since they have been incorporated. It is therefore very natural that the general practitioners should sympathize with, and step forward to protect and defend, a society to which they are so much indebted. I fear Sir James Graham did not read the statement published by the Society of Apothecaries. That more good has not been done by them is not the fault of the Court of Examiners, but the defectiveness of their Act. Before Sir James Graham begins to interfere with, or attempts to annihilate, the Society of Apothecaries, he

ought to be prepared to prove that there are abuses existing in the Society, and that the present body have been guilty of some act which would render them unfit for the performance of the very important duties with which they are invested. It may also be required to prove that the present Court of Examiners at Apothecaries' Hall, are incompetent to fill the office to which they have been appointed. He will find some difficulty in discovering any one who would have moral courage enough to do this. If he will take the trouble to read the recent regulations of the Court of Examiners, he will then see the superior talents and high qualifications that are necessary and required for a candidate to possess, who wishes to obtain a certificate from the Apothecaries' Hall; and he would, I am sure, at once be struck with the numerous and varied acquirements they insist on, and must admire and approve of the anxiety and care evinced, on the part of the examiners, to admit none as members but those who, from their classical education and great attainments, are likely to become useful and scientific members of the profession, as well as valuable members of the community. I think it would give him some trouble to get Members of Parliament to vote for any measure that was intended to supersede these examiners, and to destroy the society to which they belong. He must first conceive, then, that the Apothecaries' Society is not fit for the purpose it was originally designed, and that they are not capable of being reformed. The general practitioner, before 1815, never dreamt of having the sole legal control over the medical profession. They at that time applied to the Colleges of Physicians and Surgeons to assist them in improving the then state of the profession, and both these corporations declined to act with them. The associated apothecaries were, therefore, driven by circumstances, and the apathy and supineness of the medical and surgical colleges to undertake the important office, not only of superintending the education and regulating the practice of all future medical practitioners, but this office involves in it the whole interests of the medical profession, the welfare of the community at large, the care of the public health, and the advancement of medical science.

That such extraordinary powers should have been confided to what is considered to be the lowest grade of the medical profession, has always surprised and astonished the present race of practitioners. It is to be regretted that the Royal College of Physicians had not secured such powers to themselves. It is now near thirty years since the Society of Apothecaries were invested by the legislature with full powers to discharge the duties assigned them by the "Act for better regulating the Practice of Apothecaries throughout England and Wales;" and I should say that they have proved, to the satisfaction of the profession and the public, their competency to the responsible charge they have had conferred on them. They have faithfully, honourably, and meritoriously, discharged the duties entrusted to them in a manner which reflects on them the highest credit, and before they are deprived of the important trust delegated to them, I think the instigators of a measure for such purpose, or the parties who are now trying to supersede the Apothecaries' Society, are bound to prove that they have abused that trust, or rendered themselves unworthy of any longer retaining the important privileges and powers

which they have shown themselves, in my opinion, so capable of managing. They are raised much in the estimation of the members of the profession and the public, by the laudable desire they have exhibited to enhance the qualification, and of course to elevate the character, of those who are about to become Licentiates of their Society. Had the physicians, the consulting surgeon, and those who, by the voice of public opinion, have been raised a little above their brethren in the profession, done as much as the Society of Apothecaries have in keeping up its respectability, we should not have had so much to complain of, or to have opposed the present bill.

Sir James Graham will be doing a very great injury, and an act of injustice, to a most useful body of men, if he repeals the Apothecaries' Act. I do think the Society of Apothecaries have some claim to take part in any new governing medical body, they being at present the only legal authority for regulating the practice of medicine; and we have the testimony of Sir Henry Hallford, Dr. Seymour, Sir David Barry, Sir Astley Cooper, Mr. Guthrie, and others, as to how they have regulated it. I still think that the numerous meetings of the general practitioners, and the petitions to the House of Commons, may induce the Home Secretary to allow the Society of Apothecaries to have the privilege of sharing in the examining of candidates, and granting certificates in materia medica, chemistry, &c., and only deprive them of the *licensing and controlling power*. This he may transfer to the proposed "Council of Health and Medical Education." I had intended to have made some remarks on the new Council of Health and other parts of the bill, but this letter is already, I fear, too long. I therefore must reserve it for another letter.

I am, Sir, yours, &c.,

GEORGE KING.

Bath, September 30, 1844.

GROSS TREATMENT OF A UNION MEDICAL OFFICER. — EXTRAORDINARY CONDUCT OF THE POOR-LAW COMMISSIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I pray you to lend the aid of your Journal towards obtaining redress for some of the many grievances under which Union surgeons labour, and to draw your attention towards a gross case of injustice which has just happened to myself.

I am, Sir,

Your obedient servant,

HENRY C. DESHON, M.R.C.S.

Medical Officer, Sturminster Union.

Child Okeford, Blandford,

October 19, 1844.

On the 3rd of August, I was summoned to attend Samuel Rogers, a pauper, of the parish of Shillingston, in the Sturminster Union. I attended him immediately, and found he had sustained an oblique fracture of the thigh. I put up the limb without loss of time, attended the patient for four consecutive days during the inflammatory stage; then, with the intervention of

one day, and finding him doing well, I allowed two days to intervene before my next visit. I now found, that by the forcible movements of the boy, my splint had been displaced, and I took extraordinary means to prevent the recurrence of such an accident, and promised to see him daily for some time. On the evening of the same day, I received an order from the overseer to discontinue my attendance, which I refused to do. The overseer acted upon a note which he had received from a Mr. Thompson Jacob,* *ex-officio* Guardian, in which he had stated, that the limb had been "*three times inefficiently set*," and desired him to call in "*a proper medical man*." I immediately requested two neighbouring surgeons to give their opinion on the case, and upon Mr. J. Goodridge, surgeon, R.N., presenting himself for this purpose the following day, he found the door barred against him by Mr. Jacob's orders. The mother of the boy, though not herself dissatisfied with me, was ordered to refuse admission to me, or to any other surgeon whose impartial opinion I might seek, and if necessary, to call in the aid of the parish constable. On the following Board-day, I laid a charge of unwarrantable interference against Mr. Jacob and others, but was informed that an *ex-parte* statement could not then be entertained, whereupon I placed the whole of the proceedings before the Poor-Law Commissioners, who ordered the local Board to investigate the case. Against the injustice of that investigation I felt bound to protest, since the Chairman, Mr. H. F. Yeatman, jun., before the case was entered into, publicly observed, that I should "never attend him if he broke his leg," and refused to hear me as a complainant, thereby placing me, the aggrieved and injured party, on the defence, with no specific charge to meet, and with no accusing person to contend against. The attendant surgeon, in his evidence, stated that he "found the fracture and everything very proper, with which nobody could find fault," although, not approving of my system, (which was the long straight splint of Liston,) he changed it on the following day for the double-inclined plane. The result of my protest was, that Mr. Tufnell, Assistant Poor-Law Commissioner, was deputed to hear my complaint, which, after some demur, he did, previously examining witnesses against me. The sequel has been a letter from the Poor-Law Commissioners to the Sturminster Board, replying to a charge against me (never made) and requesting that Board "to admonish Mr. Deshon to be more attentive in cases of this description in future; since the Commissioners are advised that a fracture of the thigh requires, during the first fortnight, the daily attendance of the surgeon;" thus deciding, contrary to the evidence of Mr. H. Hancock, Surgeon to the Charing-Cross Hospital, and of Mr. J. Goodridge, surgeon, R.N., who both affirmed (one on oath) that "daily

attendance on a fracture of this kind is only necessary during the inflammatory stage." Thus the Poor-Law Commissioners, by a singular *coup de main*, have converted me from the complainant to the defendant, and have entirely passed over my appeal for protection against the unjust manner in which my professional character has been assailed, and the illegal suspension in my office of parish surgeon.

Copy of the evidence of H. Hancock, Esq., and of Mr. Good, taken before the Sturminster Board of Guardians, on Wednesday, August 28th, as forwarded to me by the Clerk. H. C. Deshon.

Mr. Henry Hancock.—I am surgeon to Charing Cross Hospital, and lecturer on surgery; I attend here to-day at the request of Mr. Deshon, with whom I am on a visit. Unless absolutely necessary I should use no other apparatus than that used by Mr. Deshon in the present instance; a bandage over the fracture might, if muscular spasm arose, lead to ulceration, and I am in the habit always of enforcing on my pupils the importance of putting up the leg with as little bandage as possible, and not to cover the seat of fracture, so that the bone may be examined without its being removed every time; you can also apply more readily cold lotions to the part; I do not think it was absolutely necessary to visit the patient more than four days consecutively; it would have been more prudent; after the inflammation had subsided I should not think it necessary to attend the patient *daily*; I have frequently found it necessary to alter my apparatus daily for a week.

Mr. John Good.—On Sunday I was called upon by the overseer to attend the pauper Samuel Rogers; I found that the boy had been suffering from a fractured thigh, and the treatment had been that of Liston's splint, with a bandage from the ankle to the upper part of the hip, with an outside splint; I found the boy tolerably comfortable; Mr. Deshon had just been there; I have no fault to find with the way in which I found the patient.

Examined by Mr. Deshon.—I was not satisfied with the splints, otherwise I should not have altered the bandages; I put on additional splints at once, and altered the whole system next morning; I did not think the leg was quite secure; every time he passed his water he had to be turned (!) The splints were not such as I would have used; I should have thought it necessary to attend a patient with a broken thigh for a week at least; I do not think four days enough.

Mr. Deshon re-examined.—I visited the patient on Sunday morning; I found a slight inversion of the toes; I altered the bandages, and made all comfortable.

(COPY.)

"Poor-Law Commission Office, Somerset House,
Oct. 14, 1844.

"Sir,—The Poor-Law Commissioners have received the report of the Assistant Commissioner, Mr. Tufnell, respecting the investigation made by him into the complaints against Mr. Deshon, one of the medical officers of the Sturminster Union, in regard to his mode of treatment in the case of a boy who had his thigh fractured.

"With reference to this case, the facts appear to relate solely to the mode of treatment, and the neces-

* Mr. Thomson Jacob, who is a Magistrate of the county, and was for several years Chairman of the Sturminster Board of Guardians, threatened shortly previous, to report me to the Board for refusing to attend to the illegal orders of an insolent Guardian!!! Mr. Thompson Jacob presided over the Board on the issuing, by the Poor-Law Commissioners, of the order to pay extra for surgical cases, to meet the expenses of which boon, the sum of £20 annually was deducted from the salaries of the surgeons. And lastly, although two investigations have taken place before the Board, yet on neither occasion did Mr. Thompson Jacob appear.

sity of the close attendance of the medical officer upon the case, and the Commissioners are advised that the question of the preference of the long straight splint, (Liston's system,) or the double inclined plane in the treatment of a fractured thigh, has been differently viewed by different surgeons, and that probably at the present time the majority of surgeons are in favour of the long straight splint, and therefore that the adoption of it in the case in question was not incorrect practice.

"The Commissioners are further advised, that because the case proceeded unfavourably, it is not to be inferred that the straight splint was unsuited to it, and that the unfavourable progress may have been the consequence of the bandages not being properly adjusted. If, however, with the straight splint, and a proper adjustment of the bandages, the case did not proceed favourably, the straight splint ought then to have been changed for the double inclined plane.

"With respect to the frequency of the attendances of the medical officer on the case, the Commissioners are advised, that a fracture of a thigh requires during the first fortnight the daily attendance of the surgeon, as the bandages are almost sure to want some daily re-adjustment for the maintenance of the limb in its proper position, and that, accordingly, the intervals between the Tuesday and Thursday, and Thursday and Sunday, in Mr. Deshon's attendance, ought not to have occurred.

"The Commissioners request that Mr. Deshon may be admonished to be more attentive in cases of this description in future.

"I am, Sir,
Your most obedient servant,
(Signed) "E. CHADWICK,
Secretary."

"S. W. Long, Esq.,
Clerk to the Guardians, Sturminster Union."

SIR JAMES GRAHAM'S MEDICAL BILL. NORTHERN COUNTIES MEETING.

At a general meeting of the Medical Profession in the Northern Counties, convened by the Council of the North of England Association, to consider the proposed Medical Bill of Sir James Graham, and held in the Lecture Room of the Literary and Philosophical Society, Newcastle-upon-Tyne, on Wednesday, the 23d of October, 1844, Dr. Headlam in the Chair, Dr. Charlton, the Secretary, read the following Report:—

"The Council of the North of England Association having attentively considered the Bill of Sir James Graham, beg to present the following Report of those provisions which seem to them objectionable, and also of such portions of the bill as appear worthy of the strenuous support of the profession. The provisions of which the Council approve are the following:—

"1. The establishment of a General Council of Health and Medical Education, which places the whole profession under the superintendence of one presiding body, which shall control the Universities and Colleges, and which if judiciously constituted and worked, would in every way benefit the public and the medical profession.

"2. The connection established for the first time

between the Government of this country and the medical profession, by means of the above executive of health and medical education.

"3. The complete education that by the bill is provided for the general practitioner, and the uniformity of qualification to practice which it confers upon all duly educated medical men, by abolishing all local restrictions, and yielding reciprocity of privilege throughout the kingdom.

"4. The fixing a more suitable age for the admission of physicians and surgeons to practice.

"5. The prohibiting of all foreign degrees attainable by purchase.

"6. The releasing of the profession from its connection with a trading company.

"7. The general registration of all duly-qualified practitioners.

"8. The giving to none but registered practitioners the right to recover charges for attendance.

"9. The provisions against the assumption of medical titles by unregistered practitioners.

"The portions of the bill which the Council consider as defective, are the following:—

"1. The mode of formation of the Executive Council; which, as proposed, does not recognize the representative principle in the election of its members, and allows an undue preponderance in favour of the Government.

"2. The registration of all qualified practitioners not being made compulsory.

"3. The total absence of all protection against quackery and illegal practitioners, even to the removal of the present existing restriction, and which, in the opinion of the Council, constitutes one of the grand points in which this measure is defective.

"4. The omission of any summary and inexpensive mode of enforcing penalties against those persons assuming medical titles, or falsely pretending to be upon the register."

The following resolutions were unanimously carried:

Moved by Dr. Brown and seconded by Mr. Brumell:—"That this meeting views with pleasure the attention bestowed by Government upon the subject of Medical Reform, and that it regards with peculiar satisfaction the circumstance that the present Medical Bill has been introduced into Parliament by one of her Majesty's Ministers."

Moved by Sir John Fife, and seconded by Dr. Knott:—"That this meeting, having duly considered the details of the bill, does approve of many of the principles therein contained, and regards certain of the provisions of the said bill as worthy of the strenuous support of the profession; but it is further of opinion, that, if allowed to pass into a law without important modifications, it would on the whole be more injurious than profitable to the cause of medical legislation."

Moved by Mr. Greenhow, and seconded by Mr. Dixon:—"That this meeting cordially approves of the formation of the Council of Health and Medical Education; but that it most earnestly deprecates the proposed method of forming the said Executive Council, whereby two-thirds of the members would be nominated by the Government, and the representation of the Interests of the Profession, especially in the provinces, would be entirely neglected."

Moved by Dr. G. Fife, and seconded by Dr. De

Mey:—"That this meeting is deeply convinced of the necessity of protecting the qualified from the unqualified practitioner; and that it therefore views with regret and disapprobation the proposal of Sir James Graham to remove all existing restrictions, without substituting any more efficient protection in their stead; and that this meeting does consider any measure as incomplete and unsatisfactory, which does not fully guarantee the interests of the well-educated and licensed practitioner, by restraining the inroads of illegal pretenders."

Moved by Dr. Embleton, and seconded by Mr. Gregory:—"That this meeting strongly urges the necessity of making representations to the various Members of Parliament in this neighbourhood; and that for this purpose a deputation be appointed to wait upon Mr. Ord and Mr. Hodgson Hinde, the Members for this town, as also upon the Members for the counties of Northumberland and Durham; and that this deputation consist of Dr. Headlam, Dr. Brown, Sir John Fife, Mr. Greenhow, Dr. Fife, and the Secretary."

Moved by Dr. Elliot, and seconded by Mr. Jephson:—"That a Petition be drawn up against the defective portions of the bill, and be presented to the House of Commons by the Members for the town; and that the Petition be signed by the members of the profession generally."

Moved by Mr. Greenhow, and seconded by Dr. De Mey:—"That the thanks of this meeting be given to C. T. Carter, Esq., of Hadley, near London, the late Secretary of the North of England Medical Association, for his able and judicious letter on the Medical Bill, addressed to Dr. Charlton, the present Secretary, and printed and circulated by order of the Council."

Moved by Mr. Bennett, and seconded by Mr. Eddowes:—"That the account of the proceedings of this meeting be sent to the *Lancet*, the *Medical Gazette*, the *Provincial Medical Journal*, and the *Gateshead Observer*."

T. E. HEADLAM, M.D., Chairman.

That the thanks of the meeting be given to the President of the Medical Association for his services in the chair."

BATH AND BRISTOL BRANCH MEETING.

At a meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bristol, on Thursday October 17th, to take into consideration Sir James Graham's Medical Bill. Mr. George, of Bath, in the chair:—

Moved by Mr. Godfrey, Bath, and seconded by Dr. Symonds, Bristol:—"That this meeting being deeply sensible of the necessity for fresh legislation to reconcile the discrepancies and to remove the various anomalies affecting both Medical Education and the privileges of Medical Practitioners in this country, rejoices that her Majesty's Government have laid before the House of Commons a bill, having this object in view; and is thankful to Sir James Graham for the ample time afforded for its consideration during the Parliamentary recess."

It was moved by Mr. Norman, Bath, and seconded by Dr. Riley, Bristol:—"That while approving of those parts of the bill which tend to give the profession consistency as a body, and to increase its influence by establishing its connexion with the State, this meeting

feels itself bound to express its strong disapprobation of certain clauses of the same."

Moved by Mr. Soden, Bath, and seconded by Dr. Budd, Bristol:—"That while this meeting freely admits that the hope of entirely suppressing quackery by legislative enactment is quite visionary, it nevertheless desires to express in the strongest possible terms, its disapproval of the removal of all restraint from unqualified practitioners as being at once unjust to the legally qualified practitioner, and pregnant with injury to the public."

Moved by Dr. Toogood, Bridgwater, and seconded by Mr. Staples, Bristol:—"That to require from the registered practitioner a certain standard of qualification, without at the same time giving him a protection against the competition of impostors, appears to this meeting a legal inconsistency; and it therefore urges the necessity of some penal enactment, whereby practising the healing art without legal qualification, with a view to gain, shall be made an offence punishable by summary process."

Moved by Dr. Dillon, Bath, and seconded by Mr. Colthurst, Bristol:—"That this meeting regards with peculiar satisfaction the institution of a Council of Health and Medical Education, but is of opinion that the choice of six members of the body by the Queen in Council, gives an undue preponderance to the State over the present collegiate bodies in the government of the profession."

Moved by Dr. Daniell, Bath, and seconded by Mr. Estlin, Bristol:—"That this meeting considers that a good system of registration would be of inestimable value to the profession, but is of opinion that to be effectual, it should be made not optional but compulsory, and that the registry lists should be published annually."

Moved by Dr. Dillon, Bath, and seconded by Dr. Riley, Bristol:—"That the thanks of this meeting are due, and are hereby given, to the Right Hon. Sir James Graham, Bart., M.P., for submitting to the House of Commons the project of laws for reforming the medical profession; and that copies of the resolutions passed here this day be transmitted to the Right Hon. Gentleman."

Among the gentlemen present were—Dr. Tunstall, Dr. Dillon, Mr. Norman, Mr. Soden, Mr. John Soden, Dr. Daniell, Mr. Ormond, Mr. Edwards, Mr. Godfrey, Mr. King, Dr. Cardew, Mr. Hensly, and Mr. Barrett, of Bath; Dr. Trotman, Mr. Ruddock, Dr. Bompas, Mr. Bompas, Mr. Morgan, Mr. Mortimer, Dr. Symonds, Mr. Colthurst, Mr. Smerdon, Mr. Green, Mr. Wilson, Dr. Fairbrother, Dr. Budd, Mr. Godfrey, Mr. W. James, Mr. Staples, Dr. Riley, Mr. Burroughs, Mr. Swayne, Mr. Estlin, Mr. Goodeve, and Mr. Hetling, of Bristol; Mr. Allen, St. George's; Mr. Hutchings, Keynsham; Dr. Toogood, Bridgwater; Mr. Chadwick, Wrington; Mr. Fenster, Thornbury; Mr. Vicary, Warminster; and Mr. Alford, Taunton.

CHESTER MEETING.

At a meeting of the Medical Profession of Chester and the surrounding districts, convened for the purpose of taking into consideration the provisions of a bill introduced into Parliament by Sir James Graham, "for regulating Medical Practice throughout the

United Kingdom," which was held at the Chester Infirmary, on Thursday, October 10th, 1844. Present, Dr. Thackeray in the chair; Dr. Llewelyn Jones, Mr. Dobie, Gresford; Mr. Brierly, Tattenhall; Mr. Bromfield, Mr. Bage, Dr. Phillips Jones, Dr. Davies, Mr. Moffatt, Hawarden; Mr. Weaver, Mr. John Harrison, Mr. Hamilton, Dr. Edwards, Mr. Hodson, Mr. McGregor, Farndon; Dr. Williams, Mold; Mr. Lilly, Mr. Willmott, Mr. Leete, County Asylum; and Mr. Brittain, Honorary Secretary.

The following resolutions were adopted:—

"It is the opinion of this meeting, that the present state of the Medical Profession requires numerous and speedy amendments; and whilst we cordially admit that many of the proposals made by Sir James Graham would materially effect desirable and extensive improvements, still we conceive that there should be appended to the bill a decisive protecting clause, to punish the unqualified, and to protect the public from the practices of untaught and unskilful pretenders."

"That this meeting do resolve to present a petition to both Houses of Parliament, embodying the substance of the preceding resolution, and that the following be the form of the petition":—

"The Petition of the legally-qualified Medical Practitioners of Chester and its Neighbourhood, present at a Meeting held in the Board Room of the Chester Infirmary, October 10th, 1844,

"HUMBLY SHEWETH,—

"That your Petitioners, deploring the present anomalous condition of the Medical Profession throughout the United Kingdom, and concurring in the expediency of its revision by the Legislature, whilst they hail with satisfaction certain general measures relating to the education and the government of the profession, as contemplated in the bill introduced into Parliament by Sir James Graham, they yet feel called upon to protest against those clauses which involve the removal of restrictions upon unqualified practice, and PRAY, that should it be thought expedient to repeal those Acts which afford any protection to the profession, such stringent clauses may be introduced into the present bill as shall prevent all unqualified persons from engaging in the practice of medicine and surgery. Your Petitioners therefore most humbly appeal to your honourable House to take the matter into your serious consideration.

"And your petitioners, as in duty bound, will ever pray," &c.

The following gentlemen were appointed a committee to carry the resolutions into effect:—Dr. Thackeray, Mr. Weaver, Dr. Phillips Jones, Mr. Hamilton, Dr. Edwards, and Mr. Brittain; and the latter gentleman was requested to act as Secretary.

DOVER MEETING.

A meeting of the Medical Practitioners, resident within the borough of Dover, was held in the old Town Hall, on Thursday, October 3rd, to take into consideration the Bill introduced by Sir James Graham, "For

the better regulation of Medical Practice." Dr. Stollerfoth in the Chair.

The following resolutions were unanimously adopted:—

Moved by Dr. Soulby, and seconded by Dr. Standen:—"That this meeting, whilst it hails with satisfaction such portions of the bill for the better regulation of medical practice throughout the united kingdom, introduced into Parliament by Sir James Graham, as are calculated to increase the influence of the profession and improve its character, cannot but regard with one feeling of regret and disappointment, that general principle of the bill which removes all restriction from the practice of medicine, as a measure most dangerous to the public at large and most prejudicial to the best interests of the profession."

Moved by J. C. Ottaway, Esq., and seconded by Dr. Hutchinson:—"That this meeting do resolve to present petitions to both Houses of Parliament in accordance with the preceding resolution."

Moved by Dr. Soulby, and seconded by Thomas Coleman, Esq.:—"That a Committee, consisting of the following gentlemen—viz., the Chairman, Dr. Astley, Mr. Walter, Mr. Jones, Mr. Sankey, Mr. Coleman, and Dr. Soulby, be appointed for the purpose of drawing up a petition, communicating with the Members for the borough, and taking any other steps that may be necessary to carry out the views of the meeting."

The following draft of a petition was subsequently adopted:—

"The petition of the undersigned Physicians, Surgeons, and Apothecaries of Dover.

"Humbly sheweth—

"That your Petitioners are legally qualified practitioners in medicine and surgery.

"That, whilst they are fully sensible of the anomalous condition of the medical profession, and heartily concur in the expediency of its revision by legislative enactment, they cannot but deeply deplore, and in the strongest manner deprecate, that principle of the bill, submitted to your Honourable House by Sir James Graham, 'for the better regulation of Medical Practice,' which, by removing the stigma of illegality from quackery, throws open the practice of medicine to every unqualified person, as a measure disastrous to the public welfare, and more particularly to the poor, who are utterly incapable of discriminating between the ignorant pretender and regularly qualified practitioner.

"That they believe some penal check upon the practice of the unqualified, which should subject them to a summary process, easy of application, is essential to the efficiency of any legislative measure.

"That though they hail with satisfaction the establishment of a supreme Council of Health, as likely to produce a more perfect organization of the profession, they cannot but view the constitution of the Council, as proposed in the bill, with anxiety, and as highly objectionable, inasmuch as they recognize in it no members who are sufficiently interested in protecting the interests of the general practitioner or licentiate of medicine.

"That the proposed system of registration, to be really useful and effective, in the opinion of your petitioners, must be imperative.

"That your petitioners would respectfully suggest, and are decidedly of opinion, that any measure of

medical reform, which does not include the chemist and druggist, who has gradually been occupying the position of the *apothecary*, will be imperfect and inefficient; and

"That as pure and unadulterated medicines are absolutely necessary to the satisfactory and beneficial practice of physic, and inasmuch as immense suffering and loss of life annually occur from the present uncontrolled sale of drugs, it is highly expedient to compel all vendors of them to give proof of their knowledge of the qualities and uses of the articles they deal in.

"Your petitioners, therefore, in the full conviction that this question is more vitally important to the public good than to their own interests, though both are intimately connected, earnestly appeal to your honourable House, with the firm belief that it will receive your serious attention and consideration.

"And your Petitioners will ever pray."

BIRMINGHAM STUDENTS' MEETING.

At a meeting of the Students of Queen's College, Birmingham, Monday, October 7th, 1844. Mr. Pasquin in the Chair. The following resolutions were unanimously agreed to:—

"That this meeting view with extreme regret the bill proposed by Sir J. Graham for Medical Reform, which, by repealing existing statutes tending to prevent unlicensed practice, they deem calculated to lessen materially the qualifications of the mass of Medical Practitioners, and thus inflict a grievous injury upon the community.

"That this meeting consider that any Bill which will render it legal to practice Medicine and Surgery, without a preliminary systematic course of study, and without previous examination as to competency, must prove detrimental to the character and usefulness of the medical profession.

"That the boon of eligibility to public offices, which is held out to practitioners qualified by examination, cannot be deemed a sufficient incentive to a *regular and systematic* course of study, since the inducements offered are either unremunerative, as Poor Law Unions, or attainable by an extremely small proportion of the members of the profession, as hospital appointments, and for obtaining which, moreover, candidates have to depend rather upon interest than talent.

"That the proposed bill appears to this meeting to be peculiarly unjust to those, who, like themselves, are pursuing professional studies necessarily entailing upon them great expense and numerous anxieties, and who, nevertheless will, on entering upon practice, be subjected to the competition of self-constituted practitioners, whom exemption from study has disqualified for practice, and yet between whom and regularly educated men no adequate distinction is provided."

MANCHESTER MEETING.

A general meeting of the Medical Practitioners of Manchester and the neighbourhood, will be held at the Town-hall, King Street, on Wednesday, the 6th instant, at three p.m., Dr. Bardsley, sen., in the chair, for the purpose of considering the provisions of Sir James Graham's Medical Reform Bill.

RESOLUTIONS RELATIVE TO THE BILL FOR THE BETTER REGULATION OF MEDICAL PRACTICE,

Adopted by the Royal College of Physicians of Edinburgh, at an Extraordinary Meeting, held on 11th October, 1844.

1. That the College testify their satisfaction that the Bill for the better regulation of Medical Education and Practice, so long expected, has at length been laid before the House of Commons, and has had a first reading.

2. That this satisfaction has been increased by the knowledge, that the two great principles of the measure, viz., a uniform standard of education and qualification, and the abolition of all local privileges, are those, for the recognition of which, the College have, on various occasions contended, and expressed the same opinion in petition to the Legislature.

3. That the principles now specified, if carried fully into effect, would confer a great benefit on the profession and the public, and would remove the evils and remedy the abuses now existing, and of which, for a long time past, there has been too good reason to complain.

4. That in thus providing the public with a supply of fully-qualified general practitioners, the College are of opinion that Government is undertaking all that can be properly attempted by legislative interference.

5. That the College have, with regret, observed that the part of the bill which proposes to abolish the practice of prosecuting unlicensed and unqualified practitioners, has given rise to great alarm and a good deal of opposition. The College are inclined to doubt the practicability of restraining unlicensed practice by penal enactments, or the expediency of attempting to do so by such means, and in this view they are strengthened by the fact, that such powers, although vested in some of the public bodies in Scotland, have for many years been allowed to lie dormant without any practical inconvenience. But notwithstanding that these are the sentiments of the College, yet, if it shall appear that it is the desire of a large proportion of the intelligent members of the profession, to attempt to restrain such practitioners by penal enactments,—rather than endanger the final success of a measure otherwise so beneficial, the College are disposed not to urge strongly their own opinions on this head.

6. That while the College approve most cordially of the general spirit and principles of the bill, they allow that in various details it may be desirable to introduce certain changes and modifications not affecting its principles or leading details, and which, so far from impairing the efficacy of the measure, would tend materially to facilitate its practical application.

7. That the best thanks of the College be conveyed to Sir James Graham for the trouble and attention which he has bestowed in the preparation of this bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the College, that the measure may be, at an early period of the ensuing Session of Parliament, brought under the consideration of the Legislature, and finally passed into a law.

R. RENTON, President.

MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY.

The first public distribution of prizes to the students in this excellent institution, has recently taken place in the lecture theatre of the Royal Institution, the ceremony having hitherto been private. Amongst the gentlemen present were Lord F. Egerton, M.P.; Lord Ashley, M.P.; Alexander Kay, Esq., Mayor of Manchester; the Rev. Canon Parkinson, B.D., the Rev. Dr. Burton, and others of the clergy; John Moore, Esq., F.L.S., Dr. Bardsley, and other members of the medical profession; and all the lecturers of the school.

Lord Francis Egerton, having been called to the chair, said that public prize-giving had been found by experience to be conducive, if not essential, to the objects of such institutions. It had been his privilege that morning to inspect, he was almost ashamed to say for the first time, the collections which, by the incessant exertions of professional gentlemen in this town, had been formed in connection with the school. Formerly, in company with a gentleman whose Lancashire birth did honour to this county, Professor Owen, he had walked through the Hunterian collection in London, with as much delight as an unscientific man could experience; and with pride and satisfaction he had seen how splendid a counterpart had been formed by the private exertions of individuals in Manchester. The existence of the institution itself must be a subject of pride and satisfaction to the community of Manchester and the neighbourhood. In any foreign country, such an institution could not have been formed, except with the aid and under the direction of the Government; but here, in England, this institution had arisen, strong in its own strength, by the sagacity and exertions of those most qualified to rear and to direct it. Then, addressing himself to the students, his Lordship said he wished them all, collectively and individually, "God speed" in their honourable and useful course; for he believed that the best passport they could have to that *summum bonum*, that ultimate end of all human exertions, a satisfied conscience, would attend a diligent and useful course in the path they had chosen. True, if they wished to be of real use to their fellow-creatures, and really honourable themselves, they must sit late and read deep in that great volume of human life now opening before them; often some of its darkest pages and most afflicting passages must be the subjects of their contemplation; but, if they read wisely, they would not read long before they would find many of those dark pages pregnant with lessons of the utmost value to themselves; and in their profession they would only be reducing to healthy and active practice those Christian principles with which he trusted they were at the outset in life one and all imbued. He did not say, remember—for they, of all men, in the course of their studies could least forget—that intemperance, sensuality, and low debauchery, must blast the prospects of those who are their slaves, even on this side the grave. He exhorted them to resist these temptations while they were young. The stores of acquired knowledge, the fruit of years of observation, must be combined with the steady nerve, the penetrating glance, and the unshrinking hand;—all these must be com-

bined in him who would be a master in their important and honourable art.

Mr. Turner then stated that the object and purpose of the meeting was to distribute prizes to those students in the school who excelled on their examinations, and in good conduct, during the last winter session. In large towns people were often ignorant of the proceedings and even existence of others. He might therefore state, that it was only within the last few years that the whole proceedings of medical schools were sanctioned by the legislature; and neither from Government nor from this town had they received or required any pecuniary aid, or anything but their sanction and patronage. The humble endeavours of the lecturers had been exerted to raise the standard of medical education, and to promote the advance of medical science, and thus to do all they could to promote the best, the nearest, and dearest interests of society. Associated with the cause of medical education in this town were the names of Percival, Ferriar, White, Bardsley, Holme, Horner, Roget, Gibson, Ransome, Ainsworth, Jordan, Fawcington, and many other distinguished individuals. Twenty years ago, by a concentration of effort, they had sought to make this an efficient medical school, so as to supersede the necessity of the student going to London for his medical education. By degrees, this had been accomplished; and now their certificates were fully received by all examining bodies. Their museum exceeded in extent any in Europe, except the Hunterian; and thus the profession here had used their best energies to raise Manchester as high in the estimation of the medical world, as she stood in the commercial and manufacturing world, by her industry, enterprise, and talent.

The following are the gentlemen who obtained prizes:—

Anatomy, Physiology, and Pathology (Mr. Turner.) Mr. William Thomas Black, Park Place, Cheetham Hill; Mr. Ralph Worthington Ledward, of Aston-under-Lyne; Mr. John Shepherd Fletcher, Manchester; Mr. Gustavus Matthews, Burton, (*extra prize*.)

Materia Medica, Medical Botany, and Therapeutics (Dr. Ainsworth.)—Mr. John Shepherd Fletcher.

Principles and Practice of Surgery (Mr. Ransome.)—Mr. W. T. Black; Mr. Peter Emanuel Downs, of Stockport.

Principles and Practice of Physic (late Dr. Chaytor.) Mr. Mark Oliver Larmuth, Salford; Mr. Mitchell Henry, Woodlands, Cheetham Hill.

Obstetric Medicine (Mr. Heath.)—Mr. M. O. Larmuth; Mr. P. E. Downs.

Forensic Medicine (Dr. Black.)—Mr. William Hall, Salford.

Anatomy, Physiology, and Pathology of the Eye (Mr. Hunt.)—Mr. William Millett Goodlad, Cheetham Hill; Mr. John Shepherd Fletcher.

Certificates of Honour for Regularity and Good Conduct.—Mr. Charles Walker; Mr. William Scholefield, Ancoats; Mr. Henry Winterbottom; Mr. William Thomas Black; Mr. M. O. Larmuth; Mr. J. S. Fletcher; Mr. Roydon Jackson.

Clinical Prizes, for the best reported surgical cases in the Infirmary (Mr. Wilson.)—Mr. James Taylor, of Salford; Mr. J. S. Fletcher.

VACCINE MATTER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In common with many of my professional neighbours, I have met with no little difficulty of late, in procuring active vaccine virus. I was induced at length to apply to Mr. Adams, of Lymington, who had kindly supplied me once before with some active virus, which had originally come, I think, from Mr. Estlin, of Bristol, who I believe had obtained it from the cow.

From this virus I have now, and hope to have for some time to come, a plentiful supply, and I shall be very happy to supply any of the readers of your Journal with some of it. I will charge any number of points which may be forwarded to me.

The virus I have of late years procured from the Royal Vaccine Establishment, Russel Place, Fitzroy Square, has been very inefficient—nay, almost useless.

Were you, or some one of your numerous correspondents to bring this subject before the public in the way which its importance requires, the evil might possibly be remedied.

I am, Sir,

Yours very truly,

THOS. P. FERNIE.

Kimbolton, Oct. 24, 1844.

INTERNAL USE OF CHLORIDE OF LIME.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In a paper published in the last number of the *Provincial Journal*, on the use of the chloride of lime in fever, the author, Mr. C. T. Edwards, makes the following assertion:—"Except in one solitary instance, recorded, I believe, in the pages of this periodical, its use as a remedial agent, does not appear to have extended beyond sponging the surface of the body with a weakened solution, sprinkling it in the apartments, and mingling it with the secretions."

If Mr. Edwards will consult Dr. Copland's Dictionary, Vol. I., p. 1032, he will find that the *internal* employment both of this remedy and of the chloride of soda, has been known to the profession since 1825, and its value in certain cases fully recognized.

I am, Sir,

Your obedient servant,

W. H. MADDEN, M.D.

Torquay, Oct 24, 1844.

ROYAL COLLEGE OF SURGEONS OF
ENGLAND.

Gentlemen admitted members on Friday, October 25, 1844:—T. Dobson; C. Jervison; H. Brook; J. Brown; W. Bayes; F. A. Crisp; W. Bowden; C. Ede; J. W. Harrison; B. Cawthorne.

INFIRMARY AT SEAHAM HARBOUR, NEAR
SUNDERLAND.

The following appointments have been made at this Institution:—Visiting Physicians: Dr. Clanny and Dr. Fife.—Visiting Surgeons: Mr. Ferguson, Mr. Maling, and Mr. Torbock.—Resident Surgeon: Mr. Yellowly.

PROVINCIAL MEDICAL AND SURGICAL
ASSOCIATION.

SPECIAL GENERAL MEETING.

In compliance with a resolution of the Council of the Provincial Medical and Surgical Association, a Special General Meeting of the Association will be held at the Town Hall, Derby, on Thursday, the 14th of November next, to take into consideration Sir James Graham's Bill for the better regulation of Medical Practice throughout the United Kingdom.

The Council will meet at twelve o'clock: the General Meeting will take place at one.

ROBERT J. N. STREETEN,

SECRETARY.

A report from the Committee, appointed at the Northampton Meeting, to consider the best means of establishing a School for the Education of the Sons of Medical Men, will be presented by Mr. Martin, of Reigate.

OBITUARY.

Died, at Vienna, Oct. 10th, Dr. Ritter von Scherer, Professor of Anatomy and Physiology: from his extensive learning and professional acquirements, he was considered one of the most eminent among the German physicians.

BOOKS, &c., RECEIVED.

Facts and Observations in Medicine and Surgery, &c. &c. By John Grantham, Fellow of the Royal College of Surgeons of England, &c. London: Churchill. 1844. 8vo., pp. 216.

An Exposition of the Laws which relate to the Medical Profession in England, &c. &c., with an Appendix, containing an ample Analysis of Sir James Graham's Bill for the better Regulation of Medical Practice throughout the United Kingdom. By John Davies, M.D., Physician to the General Infirmary at Hertford, &c. &c. London: Churchill. 1844. pp. 84.

The Principles of Surgery. By James Miller, F.R.S.E., F.R.C.S.E., Professor of Surgery in the University of Edinburgh, Surgeon to the Royal Infirmary, &c. Edinburgh: Adam and Charles Black. London: Longmans. 1844. 12mo., pp. 742.

TO CORRESPONDENTS.

Communications have been received from Dr. Black; Mr. J. M. Madden; Dr. John Davies; Mr. Carter; Mr. G. E. Stanger; Messrs. Dorrington and Franklin; Mr. Husband; Mr. Faircloth; Dr. England; Dr. Robertson; Dr. Cullen; and Mr. Boulton.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING - CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE VIII.

You may occasionally be consulted by individuals who, from violence done to the shoulder, suffer great pain, and are unable to raise the arm. On examining the part you will not discover dislocation, or any of the forms of fracture I have already described, but you may feel a distinct crepitus. In these cases you may have either fracture of a portion of the head of the humerus, or what Mr. Samuel Cooper considers not an uncommon occurrence, a small piece of the glenoid cavity of the scapula broken off. A few weeks since I was requested to examine a little child, an out-patient of this hospital, who had lost the power of moving her arm. Upon inquiry, the mother informed me that two or three days previously the child had fallen off her chair to the ground, that she screamed violently at the time, and had since been unable to move the arm, crying very much when it was touched. I examined the limb very carefully, but could discover nothing out of place, nor any fracture, till I pressed the head of the humerus firmly against the glenoid cavity, at the same time rotating it, when distinct crepitus was heard by all present. I could not feel any displacement, but I had very little doubt that a fracture had occurred in the glenoid cavity. I directed the elbow to be supported, a pad to be placed in the axilla, and the figure of eight bandage to be applied, two or three turns of it being first carried over the shoulders and under the axilla, and the arm to be bound to the side. The child did well.

DISLOCATION OF THE TENDON OF THE LONG HEAD OF THE BICEPS FROM ITS GROOVE.

There are probably few accidents falling under the notice of the surgeon which have met with so little attention, or of which the true character has been so entirely overlooked, as dislocations or displacements of the tendons of muscles. Volume after volume has been written upon dislocations in general, and especially upon those of the shoulder joint; but upon the displacement of the tendon of the long head of the biceps, an accident which, if overlooked, deprives the patient to a very considerable degree of the use of the limb, authors, with but one or two exceptions, have been silent, as they have also been upon the displacement of every other muscle in the body. We refer, but we

refer in vain, for any detailed or satisfactory account of these cases, previous to the year 1841, when Mr. John Soden, of Bath, published a paper upon the subject, in the "Transactions of the Royal Medico-Chirurgical Society of London," giving details of two cases which he had the opportunity of dissecting. It is but rarely that we have the advantage of examining these injuries by dissection, the accident producing them being seldom fatal; but Mr. Soden has availed himself of his opportunities, and the profession is indebted to him for a very good paper, which has dispersed the doubt and obscurity investing them. You will do well to read it and will be amply repaid thereby.

Mangetus, who died at Geneva in 1742, at the advanced age of ninety, has related a case, which you will find in the "Encyclopédie Methodique," at the end of the article on luxations. "A woman had, three days before she consulted him, as she supposed, luxated her humerus in wringing the linen she was washing. She told him, that whilst doing so, she felt something start from the shoulder. Upon examination he found there was no luxation, but a depression of the deltoid muscle, whilst the two inferior tendons of the biceps muscle were stretched, not allowing the arm to be extended. He supposed that the biceps tendon was dislocated, but, as the part was swollen, he recommended fomentations; and the following day he found he was right in his conjecture. He turned the arm forcibly in the opposite direction, the tendon returned immediately into its place, and the woman recovered."

In the second edition of William Cowper's "Anatomy of Human Bodies," published after his death by C. B. Albinus, at Leyden, in the year 1737, appears the following account of a case:—"An extraordinary case relating to this muscle (the biceps) has more than once happened in our practice. A woman, three days before she consulted us, had, as she suspected, dislocated her shoulder bone by wringing of linen clothes after washing, (which is commonly done to express the water,) adding, that in straining her arm in that action, she sensibly felt something, as she thought, slip out of its place, or her shoulder. After examining the part, we were well satisfied that there was no dislocation; but, observing a depression on the external part of the deltoid muscle, and finding the two inferior tendons of the bicipital muscle rigid, and the cubit thereby denied its due extension, we suspected that the external tendinous beginning, before taken notice of, was slipped out of its channel on the head of the os humeri. But finding the part at that time somewhat inflamed, we advised her to an emollient application and to give her arm rest till the next

day, at which time we found our conjectures true, for, by turning the whole arm to and fro, the tendon readily slipped into its place, she recovering the use of the part immediately."

No one can read these two cases without being struck with the extreme similarity one bears to the other; indeed, the resemblance as to expression and minute details, is so close, that we can have little, if any doubt, that the one is an unacknowledged and pirated version of the other. Which of these gentlemen was the thief, it is difficult to say; they lived and published about the same time; but as Cowper did not scruple to appropriate and publish Bidloo's Anatomical Plates as his own, to illustrate his work on Human Anatomy, I do not suppose he would hesitate long in appropriating another man's case.

Boerhaave has observed, that muscles often slip out of their places during violent efforts, when their sheaths are so relaxed as to offer but little resistance; and, he adds, when this happens to the shoulder, it produces swelling and pain, and is often mistaken for dislocation. He has not, however, related any cases.

Lieutaud, in the "*Essais Anatomiques*," published in 1742, refers to the displacement and injury to the tendons of the lumbar muscles; and Claude Ponteau, in his "*Melange de Chirurgie*," published in 1760 a case, which he describes as being a displacement of one of the attachments of the *splenius colli* muscle. The patient recovered, and he had not the opportunity of verifying his conjecture by dissection. In 1773, Mr. Bromfield, in his "*Chirurgical Observations*," remarks, "I dare say many surgeons have seen a lameness of the shoulder from the tendon of the biceps muscle, which runs in the excavated groove, at the head of the *os brachii*, having by some turn of the limb slipped out of the sulcus, and resting on one of the exuberances of the upper part of the channel, which, till it has returned, has occasioned not only an immobility of the joint, but most violent pain. When the case is known, the reduction is very easy, for the cubit being bent, the muscle is relaxed, and while an assistant, holding the lower extremity of the *os brachii*, moves the head thereof sometimes outward, and sometimes inward, in the acetabulum scapulae, the operator, with his fingers, will easily replace it, and the patient presently becomes perfectly easy."

Mr. Stanley, in the third volume of the "*London Medical Gazette*," mentions having met with an instance in which the tendon of the biceps was dislocated, and rested on the great tuberosity. A membranous sheath attached to the humerus, and extending around the tendon, confined it in its new situation. This sheath was polished internally, it facilitated play of tendon, and Mr. Stanley remarks, that its formation may be presumed to have been analogous to that of the capsule enclosing the ends of a fractured bone, when free motion has been permitted, the cellular tissue in either case being condensed, and formed into a perfect bag, the inner surface resembling synovial membrane by its polish and by its secretion.

Mr. Gregory Smith, in the fourteenth volume of the same work, relates two cases of displacement which he met with, in his dissecting room; they were both taken from the same subject, who died from consumption. In the right shoulder, the bursa beneath the deltoid muscle was lacerated, and communicated with the

interior of the capsular ligament. The tendons of the *supra-spinatus* and *subscapularis* muscles were entirely separated from their insertions; the *infra-spinatus* and *teres minor* appeared to have suffered great tension; the long head of the biceps was not lacerated, but was displaced from its groove, which was nearly filled up with fibrinous matter. There was also fibrinous matter in the joint, but the capsule presented no signs of being ruptured elsewhere than above. In the left shoulder the bursa did not communicate with the capsular ligament; the latter was perfect, but very large, and thicker than usual, the tendon of the *subscapularis* was torn from its insertion, but the other tendons remained attached, though very much stretched. The large tendon of the biceps was entire, but displaced, and the groove filled up with fibrinous matter, as in the arm. Mr. Smith does not appear to have seen this individual during life, therefore could not supply us with any information as to the symptoms.

This is all the information that I have been able to glean from the numerous writings to which I have referred. You will agree with me that it is extremely vague and unsatisfactory; and, indeed, that until Mr. Soden's paper appeared, we knew very little of the matter.

The principal signs of this accident, are pain and tenderness in front of the joint, corresponding to the bicipital groove; acute pain in the course of the biceps when it is thrown into action, the pain being referred more particularly to its two extremities; the patient is unable to raise his hand to his head, or his arm beyond an acute angle from his body; the appearance of the shoulder is somewhat altered, the head of the humerus being drawn upwards, and more forwards than natural, lying close beneath the acromion process, whilst the posterior and external part of the joint are somewhat flattened.

I will now relate to you the first of Mr. Soden's cases; the other being complicated with dislocation of the head of the humerus forwards, will be mentioned when we arrive at that section of our subject in which we treat of dislocations in that direction.—A man of the name of Cooper, in the month of May, 1839, in hastily rising from the floor, on which he was nailing down a carpet, slipped and fell backwards, receiving the whole weight of his body upon the elbow of his right arm, which he had, in the impulse of the moment, placed behind him to break his fall. He experienced no injury to the elbow, but the shock being transmitted immediately to the shoulder, the whole effects of the accident were sustained by that joint. Upon the occurrence of the accident he experienced such acute pain that he supposed he had suffered either a fracture or dislocation, but finding that he could raise the arm over his head, he felt reassured, and endeavoured to resume his work, the pain was however so great that he was obliged to desist, and he went home. Mr. Soden saw him the following morning, at which time the joint was greatly swollen, tender to the touch, and painful on very slight motion; there was then no power of placing his arm over his head, as he said he had done immediately after the accident. Having satisfied himself there was neither fracture nor dislocation, Mr. Soden treated the case as a severe sprain, adopting energetic measures to subdue the inflamma-

tion, until at the end of three weeks the swelling was much reduced, although the tenderness in front of the joint, and pains upon certain movements of the arm, were scarcely less than on the day of the accident. Upon comparing the joint with its fellow, a marked difference was observable; the injured shoulder was evidently out of drawing, but without presenting any glaring deformity. When the man stood erect there was a slight flattening on the outer and posterior parts of the joint, and the head of the bone appeared to be drawn up higher in the glenoid cavity than it should be. On moving the limb with one hand placed on the shoulder, a crepitating sensation was experienced under the fingers, caused by the friction of the head of the humerus against the under surface of the acromion, whilst the arm could not be raised beyond a very acute angle with the body, from the upper edge of the greater tubercle coming in contact with that of the acromion, and thus preventing further progress. The head of the bone projected more than natural in front, amounting almost to a partial dislocation. The man was unable to raise the smallest weight from the ground, on account of the severe pain caused by any exercise of the biceps muscle. In other respects, the underhand motions were not limited, the patient being able to swing his arm backward and forward, and to grasp any object firmly, without pain, so long as he did not endeavour to raise it. When the biceps was thrown into action, he described the pain as very acute, extending through the whole of the muscle, but referred chiefly to its two extremities; when the muscle was quiescent, the pain was referred to the front of the joint, confined to the space between the coracoid process and the head of the humerus, which spot was marked by extreme tenderness and some puffy swelling. The patient, who was of a rheumatic habit, suffered from attacks of this disease in the joint, until his death, which occurred six months afterwards, from fracturing his skull in falling through a trap door.

Mr. Soden made a *post-mortem* examination, and found that the accident to the shoulder, was a dislocation of the long head of the biceps from its groove, unaccompanied by any other injury; the tendon, which was entire, lay in its sheath on the lesser tubercle of the humerus; the capsular ligament was but slightly ruptured, the joint extensively inflamed; the synovial membrane being vascular, and coated with lymph, recent adhesions had formed between different parts of its surface, and ulceration commenced on the cartilage covering the humerus, where it had come in contact with the acromion process; the capsular ligament was very much thickened.

When we consider how much in appearance these accidents resemble partial dislocations of the head of the humerus upwards and forwards, we can entertain but little doubt that they have frequently been mistaken for them. We shall find, when we arrive at that portion of the subject, more than one case recorded of partial dislocation, in which, though the head of the bone was returned to its proper cavity, it quickly resumed its abnormal position. This is one of the characteristics of the accidents which now occupy our attention. The head of the bone may be drawn downwards and backwards into the glenoid cavity, but, cease the extension, and it will very soon be drawn up again by the combined action of the capsular muscles,

particularly of the supra-spinatus; these, as Mr. Soden has already pointed out, being antagonized and kept in check by the manner in which the long tendon of the biceps passes over the head of the bone to its scapular attachment. The patient was able to raise his hand to his head immediately after the receipt of the injury, although, when Mr. Soden saw him on the following day, he had lost that power. This is by no means improbable, for muscles, which are deprived of their antagonising forces, unless irritated, do not contract instantaneously, but by degrees. In a fracture of the neck of the thigh bone, for instance, if called immediately upon the accident occurring, you will observe but little, if any shortening; but if two or three hours have elapsed, you will probably find the limb drawn up to a considerable extent. The same obtained in the foregoing case, the patient being enabled to raise his arm to his head at first, because the biceps enters but little into that action, and sufficient time had not elapsed for the muscles antagonized by the biceps tendon, to take advantage of the abnormal state of parts. By degrees the head of the bone was approximated to the acromion process, until at length, when the man attempted to raise his arm to his head, the greater tubercle came in contact with the acromion, and prevented all but very limited motion, in that direction.

I have given you these cases at length, because they have hitherto been overlooked. How often do we meet with instances where the patient has lost the use of his limb, without any very ostensible signs being present; and, indeed, in the accident before us, there are scarcely any symptoms but what may arise from other causes. The great diagnostic signs of this accident appear to be, great pain in the course and attachments of the biceps, coupled with the undue approximation of the head of the humerus to the acromion process. I must, however, admit that these signs of diagnosis are anything but satisfactory; the approximation between the head of the humerus and acromion process takes place equally in some cases of fracture of the anatomical neck of the humerus, and also where the biceps tendon is ruptured; and we are also deprived of the advantage of there being crepitus in fractures of the anatomical cervix humeri, inasmuch as we find that crepitus existed in Mr. Soden's case from the friction of the head of the humerus against the acromion process.

You must remember that the tendon of the biceps may be thrown out of its proper groove, and it is of the more importance, as you must have observed that although the symptoms are very obscure, and mostly of a negative character, the consequences to the patient may be very serious should the nature of the accident be mistaken at first.

In the treatment of these cases you have three principal objects in view:—to overcome the action of the capsular muscles, to reduce the tendon, and to keep the tendon in its groove when you have reduced it. Through the kindness of Mr. Bainbridge, jun., I have been enabled to make some investigations on the dead subject, which may perhaps be of some service, as guiding us in the treatment of these cases. Assisted by this gentleman, I cut down and dislocated the long tendon of the biceps upon the lesser or inner tubercle. I first endeavoured to return it by flexing the forearm

and relaxing the muscle, whilst I rotated the humerus strongly inwards, but without success. I next straightened the arm, and holding it by the wrist, I rotated it inwards as far as I could, and then with a sweep carried it across the chest, whilst, with my left hand on the deltoid muscle, I pressed the head of the bone downwards and outwards, and the tendon returned to its groove with a very evident snap. I next displaced the tendon on to the outer or greater tubercle, when, by rotating the arm outwards with my right hand, and drawing the head of the bone downwards and outwards with my left, I reduced it, but I found it was more easily restored to its proper position by taking hold of the wrist with my right hand, and placing my left in the axilla; with the latter I pressed the head of the bone gently outwards, whilst with the former I supinated the hand and rotated the arm strongly outwards, at the same time bringing it to the side of the body, my left hand serving as a fulcrum in the axilla. By this means the deltoid was put upon the stretch, and its anterior fibres, upon the insertion of which the biceps tendon lay, evidently assisted the latter into its groove. I next endeavoured to ascertain in what position of the arm the tendon would remain most securely in its place. Accordingly, I flexed the forearm, and placed the hand in the position of pronation across the chest, when the tendon became again displaced, as it did immediately the head of the humerus was rotated inwards, although the forearm was extended; but when I extended the forearm, placed the hand supine, and separated the arm from the side, it remained properly in its place, being now bound down by the tendon of the pectoralis major. I am fully aware, in these experiments, that the subject being dead I did not encounter that opposition from the capsular muscles which I should in all probability have met with in a living patient; but, making every allowance for this, I am still in hopes that what I have here endeavoured to explain to you, may serve to place the treatment of these accidents on some surer basis than mere conjecture, and that henceforth you may have some rule to guide you.

We have seen that the head of the humerus is drawn up against the acromion process, and that the greater tubercle striking against that process, when the arm is separated from the side, prevents its being raised beyond a very acute angle. I should advise you to adopt the following method, should you find the plan, as recommended by Mr. Bromfield, fail. I am not aware of any particular symptom by which we can be guided with any certainty as to when the tendon is dislocated inwards, or when outwards; but, as a result of my experiments, I should imagine that it is more frequently dislocated inwards than outwards, the inclination of the head of the humerus, and the greater projection of the larger tubercle, being unfavourable to the latter displacement. Place your patient on a low chair, and let an assistant fix his scapula by pressing upon the superior angle and costa; then separate the patient's arm from his side, as far as you can; keep his hand in the prone position, and make extension downwards and outwards from the wrist, until you have somewhat withdrawn the head of the bone from the acromion process. Now let an assistant sit down on the floor, underneath the

injured arm, and clasping both his hands over the deltoid muscle, draw the head and neck of the bone downwards and a little backwards, whilst you rotate the head of the bone inwards and backwards in the glenoid cavity, by making the patient's arm describe a circle, carrying it backwards, upwards, forwards, and inwards, across the chest. Should you have reason to suppose that the tendon is displaced outwards, separate the arm as far as you can from the body, and let an assistant make extension in that direction best calculated to remove the head of the humerus from the acromial process, that is, downwards and outwards. Unless this be done, in either form of the dislocation the bicipital tendon remains pressed up by the head of the humerus against the acromial process, and is obviously prevented from returning into its natural position. Next place your left hand well up in the axilla, and direct your assistant, whilst he keeps up the extension, to rotate the arm strongly outwards, and at the same time to bring it to the patient's side. Having reduced it, gently separate the arm from the patient's side; keep it steadily rotated outwards, and the hand supine; place a long splint, which extends from the shoulder to the fingers, along the back of the arm and hand, and also a pad or compress in front, over the bicipital groove. Fix the whole with a roller evenly and carefully applied, and place your patient on his back in bed, where he had better remain until you consider that the parts have become sufficiently firm to prevent a recurrence of the accident.

The reason why I recommend you to separate the arm from the side after reduction, is, that by so doing you place the pectoralis major muscle upon the stretch, and consequently make its broad tendinous insertion press more closely and directly over the bicipital groove.

In my experiments, the difficulty was not so great in reducing, as in keeping the tendon in its place when reduced, and certainly the plan which I am now advocating appeared both to Mr. Bainbridge and myself to be the most efficacious.

DR. RADFORD ON THE OPERATION OF CRANIOTOMY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I observed in the last number of your journal that Mr. Knowles had kindly referred to the opinion I entertain on the subject of *craniotomy*, in which he says, "Dr. Radford, of Manchester, is of opinion that *craniotomy* should never be performed," &c. Now, Sir, my opinion on this subject is not so exclusively restrictive as Mr. Knowles has stated, although I consider that this *murderous operation* is had recourse to in this country very much too frequently; and I do think that the principles inculcated in the *Decalogue* should have their due weight on the minds of obstetricians, and that, instead of making it an operation of election, it should be had recourse to only as one of necessity. This subject is one of the greatest interest to the profession, and, in my opinion, to the public also. My views upon it are now well known in this

town, and were given in a short course of lectures delivered to the profession two years ago.

It is impossible to give even a sketch of them in a letter: they involve a consideration of the application of the long forceps; the induction of premature labour; the combining of these two operations; the exclusion of the induction of abortion; the making craniotomy an operation of necessity; the Cæsarean section one of election; but if health and time allow, it is my intention to publish them, convinced of the great moral, social, and professional interest, which are concerned in a just consideration of these highly important subjects.

The opinion expressed by Mr. Knowles, as to the great advantage of an early operation in cases requiring the Cæsarean section, I most fully agree with; and further, that the after-treatment recommended by him is highly judicious, and what I have always advocated in my lectures. The advantages of the turpentine enemata I have experienced not only in cases after the Cæsarean section, but also in two cases of ruptured uterus, which recovered.

I am, Sir, your obedient servant,

THOMAS RADFORD.

Manchester, Nov. 7, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 13, 1844.

We are anxious once more to direct the attention of the members of the Provincial Association to the approaching Special General Meeting at Derby. It will be recollected that from more than one general meeting of the Association, memorials have been sent to the Government and the Legislature, pointing out certain leading principles as those on which any measure for the reform or constitution of the Medical Institutions of the country should be based. Two of these principles are clearly recognized in the new Medical Bill, and the third partially so. Uniformity of qualification and equal right to practice without respect to local privileges will be enacted by the carrying out of the measure, and the adoption of the representative system in the formation of the governing body is partially conceded. The main points to be aimed at then are the obtaining of a more effective representation of the profession in the Council of Health, especially as regards the great body of the Licentiates of Medicine, and the remedying of certain errors of commission which the measure in its present shape would for the first time introduce.

It is unnecessary to point to the clauses authorizing unqualified persons to practice, as the chief and most glaring of these, since it is against this unjust, and, as regards the public, most dangerous part of the bill, that the efforts of the profession,

from one end of the kingdom to the other, have been mainly directed. We are not about to enter again into the merits of this subject here, but as, judging from the tone of the numerous meetings which have hitherto taken place, it seems to be the disposition of the profession to accept the bill, provided the requisite amendments are made, it is of some importance that they should not be lulled into a fatal security by the very unanimity and energy of their own exertions.

We beg to remind our readers that, although the expression of opinion with respect to the contemplated removal of all restrictions on the practice of medicine, by unqualified persons, is so general and decided, we have as yet no intimation that it has had its due weight with the Home Secretary. It is true that the Liverpool Committee have received a satisfactory and courteous reply from Sir James Graham, in answer to their memorial, but they have not made known to the profession at large what that is; and, putting courtesy out of the question, we should much like to know the exact amount of concession indicated, if indeed the real import of the answer, divested of the official language in which it is veiled, be anything more than a courteous acknowledgment of the receipt of their communication.

Now, we think that some steps should be taken before the re-introduction of the measure into the House of Commons, to ascertain, if possible, how far it may be the intention of the Home Secretary to listen to the representations of the profession, and especially whether he will consent to substitute for the restrictive clause of the Apothecaries' Act, one of at least equal force and more ready application. We do not doubt that Sir James Graham means well by the profession, but unless the numerous and influential meetings which have been held shall have opened his eyes to the general feeling of its members, he is evidently possessed with some crotchety notions on this point, incompatible with just and comprehensive views of what is really for the benefit of the community as well as the medical profession.

It is exactly on this point that we want information before any confidence can be felt as to the intentions of the Government respecting the measure as a whole. The only way of arriving at this information, as it seems to us, is, by forming a deputation to wait on Sir James Graham; not of members of the profession alone, for to such a deputation, even could they gain access, which is questionable, it is to be feared the answer might not be sufficiently explicit, but of members of the profession, backed by the presence and influence of Members of the House of Commons. Many of these gentlemen, we believe, would be found willing to assist us in the attainment of our object; and if

by this means it shall be ascertained that Sir James Graham is disposed to listen to our just remonstrances, the future course is made plain and easy; if, on the other hand, he should persist in so absurd and pernicious a scheme as the giving loose to free-trade in medicine must prove, the profession will at once know what they have to anticipate, and be prepared accordingly, to offer that strenuous resistance to the progress of the measure through Parliament, which the contemplated infliction of so grievous an amount of evil imperatively calls for at their hands.

INCORPORATION OF GENERAL PRACTITIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have not yet seen two pamphlets addressed to the general practitioners, the one by the Society of Apothecaries, and the other by the practitioners of Marylebone, so that I am not aware what measures are most recently recommended for the adoption of that body in the present important crisis. Your next number will be in print before I can receive those publications, and I am unwilling to defer for another week, a few remarks on the present position of the general practitioners in relation to what I conceive that would be under Sir James Graham's Bill.

Though I am a decided advocate for the bill, amended and modified as I trust it will be; and equally so for the repeal of the Apothecaries' Act, when that can be done with justice; I must confess that I think the position of the general practitioner under the bill, as it at present stands, will be worse as regards material interests, than it is at present. Still as it at present stands, the bill is, I conceive, calculated to elevate the character and position of the profession as a whole. The entire tendency of the measure is to harmonize, unite, and consolidate the existing *membra disiecta* of the profession in the three kingdoms; and its most prominent defect consists in its failing to do this to a sufficient extent. In addition to these merits, it possesses the prominent one of placing the profession in an honourable position, in relation to the State. These advantages, however, are only individually and remotely afforded to the general practitioner; but will, as the bill at present stands, be almost exclusively enjoyed by the physician and surgeon. Again, whilst in the case of the higher walks of the profession, these are hardly likely to be affected by the working of the bill, the material interests of the general practitioner are but too likely to suffer. Positive protection under the Apothecaries' Act, or at least the semblance and name of such, he will exchange for mere negative discouragements and registration. Chemists and druggists are the class against whom the public and profession will have most serious need of protection. All respectable pharmacutists, however, are opposed to all medical practice, unless of the very simplest description at the counter. This could never be entirely suppressed. The Pharmaceutical Society will probably co-operate in endeavouring to procure a

prohibitory clause against chemists and druggists acting as medical practitioners in the wide sense of the term.

On the other hand, the licentiate in medicine and surgery will exchange the (in this country) obsolete, and (as applied to a *practitioner* of medicine) anomalous designation of apothecary for one in every way more befitting him, and calculated to raise him in the estimation of the public. This is as it should be; but I can hardly avoid expressing the hope, that in connexion with this, the Society of Apothecaries will voluntarily retire from all participation in the examination of future licentiates, a duty, which though they have most ably performed, should never have devolved upon them, and return to their original and really honourable position of a guild or municipal corporation.

Justice, however, the interests of the general practitioner, and of the community—and I will add, the interests also, when viewed correctly, of the entire profession, all require that the body of general practitioners should be adequately represented in the Council of Health and Medical Education; and that they should likewise be brought into fitting and honourable relations with the Colleges of Physicians and Surgeons. Unless these two points, and direct protection, in some shape, be gained, though I should still regard the bill as a boon not to be rejected, making, as it appears to me, so many steps in the right direction, a great amount of good will still fail to have been attained.

It will, I trust, be admitted that all grades in the profession should unite in endeavouring to procure such alterations in the bill as will, so far as is possible, ensure the dignity, order, and harmony of that profession, both as a whole and in its several parts. Now, as the profession is at present constituted, and as it is proposed, I think rightly, that it should remain constituted under the bill, I do not see how these objects are to be conveniently obtained without the licentiates in medicine and surgery, at least in England, (constituting, as in that part of the United Kingdom they do, a great third estate of the profession), being at once formed into a Society, by a Royal Charter of Incorporation. This Society or College should, under the provisions of the bill, return from two to four representatives. If the number of representatives be fixed at four, two of these at least should be from the provinces. The Council of Health and Medical Education should either alone, or, as is more in unison with the provisions of the present bill, and as I think is to be preferred, in co-operation with the Colleges of Physicians and Surgeons, conduct the examination of the licentiates in medicine and surgery; and should frame bye-laws for maintaining the orderly and honourable practice of the profession by its members, in their relations to the public, to each other, and to the other grades of the profession. These bye-laws, like those of the Colleges of Physicians and Surgeons, should be subject to the approval of the Council of Health and Medical Education.

Without going further into details, I will briefly add, that I should rejoice to see the metropolitan and provincial general practitioners supported by their brother practitioners of the higher grades, (for I suppose we must retain the term,) at once and with one voice memorializing the Queen, through Sir James Graham, for the grant of a charter of incorporation. When

that which was so recently granted to the Pharmaceutical Society is remembered, a charter can hardly, with any share of reason or of justice, be refused to so important and generally meritorious a body as the general practitioners. Let them only ask for what is just and reasonable; let them but submit to have the foundations of their edifice laid one step lower than those of the Colleges of Physicians and Surgeons, and not aim at exact equality with those bodies, and I cannot see why the latter should oppose or rather why they should not promote so expedient, and, as I would submit, so just a measure as the incorporation of the general practitioners.

In conclusion, I would express a hope, that at the ensuing meeting at Derby, the interests of the profession as a whole, may be fully, cautiously, and dispassionately considered; and then we can hardly doubt that great good will result from the meeting.

Allow me, Sir, to subscribe myself,

Yours very faithfully,

MEDICUS.

LINCOLNSHIRE AND CAMBRIDGESHIRE BONE-SETTERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Your editorial remarks upon the letter of G. M., Bolton, relative to the Lancashire bone-setters deserve our entire approbation, though the practitioners of this district will smile at the *naïveté* with which you scarcely credit the countenance given to such individuals by those in the profession, who are themselves regularly educated. Your observations, too, ought to remind the members of our Association, that they profess outwardly to give every assistance in the present crisis, to secure a Government enactment of the first-rate national importance.

For half a century or more, Lincolnshire and Cambridgeshire have been the ample and lucrative field for the operations of a family of bone-setters, who equal in notoriety their brethren of the north, and have, for an indefinite period, diverted from the pockets of our ill-remunerated surgeons, that remuneration which is deemed most profitable. In a court of justice, even, such has been the prejudice of the magistrates, or rather their appreciation of the surgical talent of this district, that the evidence of a bone-setter has been admitted side by side with that of the regular practitioner. The probable income of these bone-setters exceeds that of the general average of the regularly educated. Some high-minded surgeons have constantly refused to meet a bone-setter. What has been the consequence? Their less scrupulous brethren have directly or indirectly consulted with the empiric, and, like children of a generation more shrewd than the children of science, act upon the principle of—

"Get money, aye, get money still,

Let virtue follow if she will."

Uniformity of education, equal privilege in practice throughout the empire, and the adoption of the representative system in our councils and governing bodies, are great principles which every medical reformer must advocate; but, as Dr. Robertson shrewdly observed

at the Northampton meeting, all those great desiderata are secondary to the *self-reform* of the profession. The fact is, the hands of those who sanction irregular practice, are not clean enough to come before Parliament with petitions for protection or redress of grievances.

WM. ENGLAND, M.D.

Wisbeach, October 31, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL.

YORKSHIRE BRANCH MEETING.

A meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association was held at Normanston on Tuesday, October 29th, to take into consideration Sir James Graham's Bill, for the better Regulation of Medical Practice; Mr. Smith, President, in the Chair.

The following gentlemen were among those present at the meeting:—Mr. Braithwaite, Mr. Bulmer, Mr. Craven, Leeds; Mr. Dunn, Wakefield; Dr. Favell, Sheffield; Mr. Garlick, Leeds; Dr. Goldie, York; Mr. Hey, Leeds; Mr. R. Hey, York; Mr. Husband, York; Dr. Inglis, Halifax; Mr. Jackson, Sheffield; Mr. Lambert, Thirsk; Mr. Ness, Helmsley; Mr. Nunneley, Leeds; Mr. Pollard, Bramham; Mr. Price, Mr. Radcliffe, Mr. Shaibe, Leeds; Dr. Shearman, Rotherham; Mr. Smith, Dr. T. Smith, Mr. Teale, Leeds; Dr. Thurnam, York; Dr. Whytehead, Craike; Mr. Wilcox, Hovingham; Mr. Williams, York; Dr. Wright, Wakefield.

The President opened the meeting by briefly stating the object for which the meeting was called, and expressed his conviction that the details of the proposed measure would receive the careful attention of the Members present.

Dr. Goldie moved the first resolution:—"That the thanks of this meeting be given to the Right Honourable the Secretary of State for the Home Department, for having introduced into Parliament a bill calculated in many respects to elevate the character of the profession, and also for having allowed ample opportunity for the consideration of the proposed measure during the recess." Dr. Goldie stated his belief that the bill was on the whole calculated to improve the state of the profession by removing many anomalies in its constitution, and reducing its various branches into some degree of order and system; though some parts were open to objection, which would be laid before the meeting for discussion, yet no one could deny his thanks to Sir James Graham for his attempt to improve the state of the profession, and for his courtesy in allowing its members so ample an opportunity of considering the details of the proposed bill.

Mr. Hey stated, that agreeing in most of what had fallen from Dr. Goldie, he should content himself with simply seconding the resolution.

The resolution was carried unanimously.

Dr. Favell congratulated the members present on the large and influential meeting which had met to consider this important measure, a meeting, he was glad to see, composed not of one branch of the profession, but of physicians and surgeons alike anxious to express their opinions on a bill, which he thought contained much that would elevate the character of the medical practitioner. He believed that the bill had been viewed too much through the medium of party;

it contained more good than evil, and its preamble was sufficient evidence of the wish of its preparer to improve the condition of the profession. He felt, however, that the protection of the public demanded that the ignorant empiric should not be allowed to exercise his dangerous practice, unrestrained by the hand of the law. He related two cases which had lately come under his cognizance, in which the patient perished from the rash and barbarous treatment of an ignorant pretender to medical skill. After all, whatever enactments might be passed, he considered that a liberal education, by introducing liberal feelings, and thus elevating both the moral and intellectual standard of the profession, would best secure the respect and confidence of the public. The medical practitioner must not depend upon any external distinctions, but must depend on his own internal qualifications for obtaining the respect due to the higher grades of the profession. He begged to move "That this meeting views with satisfaction the proposed institution of a Central Council, which shall have power to control the various medical colleges and corporations, and to enforce a high standard of education for all the members of the profession."

Mr. Teale, in seconding the resolution, expressed his concurrence in its import, and in the sentiments expressed by Dr. Favell.

Mr. Nunneley moved the insertion of the words "uniform system of education," but, after considerable discussion, withdrew his amendment, and the resolution, as first proposed, was carried unanimously.

Mr. Nunneley moved—"That this meeting expresses its earnest hope that the Right Hon. the Secretary of State will so far modify the constitution of the Council as to render it more independent of her Majesty's Minister for the time being."

Dr. Shearman seconded the resolution.

Dr. Thurnam proposed the following amendment:—"That in the opinion of this meeting the constitution of the Council of Health and Medical Education, as proposed in the bill brought into Parliament by Sir James Graham, is susceptible of improvement, and in particular that it is highly expedient that the body of general practitioners should be represented in the said Council." In proposing this amendment, Dr. Thurnam expressed his strong conviction that the Council would not secure the confidence of the profession, nor would there be a proper degree of unanimity established among its members, unless the general practitioners were recognized as a body by the bill, and had a due weight in the deliberations of the proposed Council. The physicians and surgeons were represented in the Council; and he thought that the general practitioners, who constitute the great body of the profession, ought likewise to have some of their own body as members of the Council and examining board.

Mr. Williams, in seconding the amendment, expressed his concurrence in the views entertained by Dr. Thurnam, and considered the claim of the general practitioner to the consideration sought for reasonable and just. The amendment was strongly supported by Dr. Goldie, Dr. Whytehead, Mr. Dunn, and Mr. Husband, and was carried by a very large majority.

Dr. Whytehead moved—"That this meeting views

with alarm the proposed removal of all restrictions upon illegal practitioners, and asks, for the safety of the public, and in justice to the members of the medical profession, who by a long and expensive course of study have qualified themselves for discharging their important and responsible duties, that protection be afforded them from the encroachments of illegal practitioners." He considered that no arguments were required to prove the truth of the sentiments embodied in this resolution. Daily experience proved the danger of allowing the ignorant empiric to pursue his unlawful career unrestrained by the power of the law.

Mr. Williams seconded the resolution, and expressed his strong conviction, that, though many might be disposed to doubt the disinterested feelings of the professional man, there were many present who did feel that the interests of society demanded that the public should be protected from the evil results of empirical practice. The profession sought only for what they had ever enjoyed,—the right for the continuance of that protection, in a more practical shape, which the daily experience of every practitioner taught him to be absolutely necessary to protect the unwary, and to secure to the medical man that security from the inroads of irregular practice to which he was entitled, by having qualified himself properly for the responsible duties of his profession.

Mr. Braithwaite proposed, and Mr. Ness seconded, and it was carried unanimously:—"That, although the complete suppression of quackery may be beyond the power of the Legislature, this meeting unhesitatingly expresses its opinion, that the introduction of a clause into the proposed bill, providing for the summary punishment of persons proved to have practised medicine illegally, would so far operate as a check upon illegal practice as greatly to diminish its amount."

Mr. Garlick moved, and Mr. Hey seconded, and it was carried unanimously:—"That a memorial be presented to Sir James Graham, embodying the sentiments contained in the resolutions which have been agreed upon by this meeting."

Mr. Price moved, and Mr. Wilcox seconded, and it was carried unanimously:—"That copies of these resolutions be sent to the Members for the county and its boroughs."

Moved by Mr. Jackson, and seconded by Mr. Dunn, and carried unanimously:—"That at the commencement of the approaching Session, Petitions be presented to the Houses of Parliament, in conformity with the resolutions passed at this meeting."

A vote of thanks was passed to the Chairman by acclamation, after which the meeting, which was characterized by the greatest good feeling and cordiality, broke up.

NORTHAMPTON MEETING.

A large and highly respectable meeting of the Medical Profession of Northamptonshire and the adjacent counties, convened by public advertisement, was held in the Board-Room of the General Infirmary, Northampton, on Thursday, the 31st ultimo, to take into consideration Sir James Graham's "Bill for the better regulation of the Medical Profession." Dr. Robertson, F.R.S., in the Chair.

Among those present were—T. Cooke, Esq., W. R. Cooke, Esq., G. Olive, Esq., W. Percival, sen., Esq., W. Birdsall, Esq., Northampton; T. Clarke, Esq., Wellingborough; Dr. Watts; Dr. Kerr, H. Terry, sen., Esq., Northampton; R. M. Freeman, Esq., Stony Stratford; Dr. Pritchard; Dr. Montgomery, Southam; F. Cox, Esq., Welford; Dr. Starr, Kettering; S. J. Jones, Esq., Farthingstone; R. W. Watkins, Esq., Towcester; R. Jones, Esq., Brackley; F. B. Woods, Esq., H. Terry, jun., Esq., J. Faircloth, Esq., W. Percival, jun., Esq., Northampton; Dr. Whitton, Banbury; F. Marshall, Esq., Moulton; W. Elston, Esq.; W. Walker, Esq., Bugbrooke; C. Dodd, jun., Esq., Northampton; R. Morris, Esq., Brixworth; J. Horwood, Esq., Northampton; W. Wyman, Esq., Kettering; J. Mash, Esq., Northampton; J. Carpenter, Esq., and J. Carpenter, jun., Esq., Rothwell; T. Fitzpatrick, Esq., Northampton; T. Collier, Esq., Towcester; J. Collier, Esq., Brackley; J. Bryan, Esq., Northampton; A. M. Outlaw, Esq., Wellingborough; H. Williams, Esq., Thrapston; J. Nott, Esq., Blisworth; E. Daniell, Esq., Newport Pagnel; E. Vorley, Esq., Roade.

The following resolutions were then passed :—

Proposed by Mr. Terry, and seconded by Mr. Olive :—“That it is a source of high satisfaction to this meeting that the subject of Medical Reform has at length been taken under the cognizance of her Majesty's Government, and that the members present are fully impressed with the belief, that in proposing the bill which has been lately submitted to Parliament, it was Sir James Graham's earnest hope and desire to improve both the science and practice of medicine.”

Proposed by Dr. Starr, and seconded by Mr. Elston, Bugbrooke :—“That it is the opinion of this meeting that, although the bill under consideration is calculated in several of its particulars to effect the objects intended, yet it would, without material amendments and additions, fall short of procuring the desired advantages to the community, and would be highly unsatisfactory and detrimental to the great body of the Medical Profession.”

Proposed by Dr. Montgomery, Southam, and seconded by Mr. Marshall, Moulton :—“That, in the opinion of this meeting, although the Council of Health and Medical Education is, upon the whole, judiciously constituted, it would be more satisfactory to the profession if at least two members of the said Council were to be elected by the Apothecaries' Company, as representing the General Practitioners of the empire.”

Proposed by Dr. Whitton, Banbury, and seconded by Mr. Horwood, Northampton :—“That clause 16 of the bill gives an undue and unfair advantage to the Graduates of Foreign Universities, inasmuch as it admits them to the same privileges as British Graduates, after a much shorter residence within the precincts of a University; and, moreover, that the said clause thereby strikes at the root of the prosperity of our British Universities.”

Proposed by Mr. Freeman, Stony Stratford, and seconded by Mr. Cox, Welford :—“That this meeting entertains a firm conviction that all the best objects of the bill would be counterbalanced and even frustrated, unless, in addition to clause 31, an enactment be added, prohibiting, by summary penalties, persons

not duly qualified and registered from engaging in any of the branches of Medical and Surgical Practice.”

Proposed by Mr. Morris, Brixworth, and seconded by Mr. Watkins, Towcester :—“That it is the opinion of this meeting, that the public welfare as well as the honour of the medical profession, which in this instance are identical, call for stringent measures of protection against unexamined and unregistered practitioners, and that the prosecution of all offenders under this head should be taken up by the Government as a matter of public duty, the same as the prosecution of offenders against the excise laws or any of the other statutes of the realm.”

Proposed by Mr. Jones, Farthingstone, and seconded by Mr. Wm. Percival, jun. :—“That the following Petition to the Commons House of Parliament, founded on the preceding resolutions, be adopted, viz. :—

“To the Honourable the House of Commons.

“The humble Petition of the Physicians, Surgeons, and General Practitioners of Northamptonshire and the adjacent counties, assembled at a public meeting at Northampton, on the 31st day of October, 1844,

“Sheweth,

“That your Petitioners learn with high satisfaction it is the intention of her Majesty's Government to amend the present regulations of the medical profession, and to introduce a more uniform system, both of preliminary and Medical Education; but your Petitioners are fully convinced that, should the bill now before Parliament pass into a law without material amendments, it would prove most injurious and degrading to the great body of the medical profession, as well as highly detrimental to the community at large.

“That your Petitioners are of opinion, that, although the proposed Council of Health and Medical Education is upon the whole judiciously constituted, it would be more satisfactory and just towards the profession if at least two members of the said Council were to be elected by the Apothecaries' Company, as representing by far the more numerous body of the profession, viz., the General Practitioners of the empire.

“That your Petitioners earnestly solicit the attention of your Honourable House to one cardinal defect in the said bill, viz., that in its present form it withdraws just and necessary protection from legally qualified practitioners, and lets loose upon the public a horde of the uneducated and unregistered, to the manifest injury of the health and welfare of the community.

“That your Petitioners, therefore, humbly pray that a clause may be added which shall provide for the punishment of all unregistered and unlicensed practitioners in so simple and summary a manner as shall be calculated most effectually to put a stop to the improper practices of unqualified persons; and they further most respectfully submit to your Honourable House, that the prosecution of all offences under this head should be taken up by the Government as a matter of public duty, the same as offences committed against the Excise-laws or any of the other statutes of the realm.

“In conclusion, your Petitioners feel assured of the willingness of your Honourable House to recognize the just claims which the members of the medical pro-

fession have upon the Government and the Legislature for the maintenance of their rights and privileges, and they believe that a stringent law for the restraining and punishing of all unregistered persons would not only render justice to the regularly qualified practitioner, who is necessarily burthened by the outlay of an expensive preliminary and professional education, but would also confer security on the public at large.

"And your Petitioners, as in duty bound, will ever pray."

Proposed by Mr. Birdsall, Northampton, seconded by Mr. Dodd, Northampton:—"That W. R. Cartwright, Esq., M.P., be requested to present the foregoing Petition to the House of Commons, and that he, with Sir Charles Knightley, Bart., T. P. Maunsell, Esq., Augustus Stafford O'Brien, Esq., the Right Hon. R. Vernon Smith, Raikes Currie, Esq., Sir Robert Heron, Bart., and the Hon. G. Fitzwilliam, Members of Parliament connected with this county, be respectfully requested to support the same."

Proposed by Mr. Wyman, Kettering, seconded by Mr. John Collier, Brackley:—"That it is the opinion of this meeting, should it seem expedient to the Legislature, from fiscal considerations, to raise a revenue from so impure a source as the sale of patent medicines and secret nostrums, that a clause be introduced into Sir James Graham's Bill, rendering it compulsory upon the proprietors of such medicines to make known, confidentially, to the Council of Health, the real ingredients and proportions of their secret nostrums, before any patent can be granted or the sale of such medicine legalized; a measure of this kind being very essential to the public safety."

Proposed by Mr. Faircloth, seconded by Mr. Mash:—"That it is the opinion of this meeting, in addition to clause 26 of Sir James Graham's Bill, it should be further provided that the present members of the Royal College of Surgeons of England be considered equally eligible with Fellows of that body to all public appointments as hitherto, such members being, of course, previously registered by the Council of Health and Medical Education."

Proposed by Dr. Kerr, seconded by Mr. Bryan, Northampton:—"That clause 19 appears to us objectionable, inasmuch as in connection with a corresponding clause in the Charter recently granted to the Royal College of Surgeons of England, it gives the weight of legal enactment to distinctions in the profession of surgery, which are invidious and uncalled for by any public necessity, and confines to the lowest grade individuals who, from inferiority of pecuniary circumstances, engagement in the service of their country abroad, or under disadvantages of locality, may not have been able to carry on *scholastic* education to the protracted age of twenty-five years, and who, by their assiduity, industry, and professional opportunities, may be well qualified for the highest posts of honour and distinction as surgeons."

These resolutions were carried unanimously, and the thanks of the meeting voted to the Chairman, and to the Secretary, Mr. Faircloth.

It is with great regret that we are unable to find room for the admirable speech of the Chairman, Dr. Robertson, but as the ensuing Meeting of the Provincial Medical and Surgical Association, at Derby,

will be held under his auspices, we hope, upon that occasion, to give a full report of any observations which, in the discharge of his duty as President of the Association, he may feel himself called upon to make.

TAUNTON AND SOMERSET BRANCH.

COUNCIL MEETING.

The Council of this Branch having carefully examined the various clauses of a "Bill for the better regulation of Medical Practice throughout the United Kingdom," lately introduced into Parliament by Sir James Graham, find that there are four principles involved in that bill:—

1. The repeal of all restrictive and protective statutes.
2. The appointment of a Council of Health and Medical Education.
3. The proposal of a uniform standard of medical education and qualification.
4. The registration, &c., of all duly qualified practitioners of medicine and surgery.

Upon these features of the bill this Council would beg to offer the following brief opinions:—

First, "with regard to the repeal of all restrictive and protective statutes." This Council believes that the removal of such restrictions and penalties from unlicensed, and, therefore, it is to be presumed, unqualified and ignorant practitioners of medicine and surgery, would be productive of disastrous consequences to the public, especially to the poorer classes and to children, and must prove seriously prejudicial to the interests of the regular practitioner.

With respect to the *second* point, this Council believes that, *per se*, the establishment of a Central Council of Health and Education, exercising authority over all the existing medical corporations, is a most desirable measure; but they regard the constitution of such Council as provided for in the bill, as far too exclusively Ministerial, for here the governing body, being composed of a majority of official men, the wishes and interests of the profession would run the risk of being overlooked from a natural anxiety to support the views of those by whom the appointments are conferred, and who, being unconnected with the profession, could not by possibility be capable of judging what is best for its interests.

The next feature of the bill, viz., the proposition for securing an uniform and efficient standard of medical education, this Council regards as one of paramount importance, inasmuch as they believe that in such a proposition is involved the truest description of Medical Reform, embracing equally the welfare of the public and that of the future practitioner; but the Council fear that the clauses which refer to this subject, as they at present stand, do not tend to ensure so desirable an object.

Lastly, this Council highly appreciates the attempts to secure an improved system of registration, and the limiting of all public medical appointments to regularly educated and licensed practitioners; but it considers the proposed amount of fees for such registration unnecessarily high.

CHARLES HAYES HIGGINS,

Honorary Secretary.

HULL MEETING.

At a meeting of the Medical Profession, held October 2nd, at the Hull General Infirmary, Dr. Alderson, F.R.S., in the chair: the following resolutions were agreed to:—

Moved by Dr. Horner, and seconded by Dr. Fielding:—"Being fully convinced of the great importance of a uniform scale of qualification in the respective grades of the profession throughout the kingdom; this meeting feels grateful for the introduction of a measure calculated to produce so desirable a result, and thankfully embraces the opportunity afforded by the Home Secretary to consider the bearings of the bill introduced by him into Parliament at the close of last Session."

Moved by Mr. R. Craven, and seconded by Dr. Forge, of Driffield:—"That this meeting fully approves of the system of registration, but is of opinion that in order to render it efficient, it ought, under some penalty to be devised by Government, to be made compulsory."

Moved by Mr. Sleight, and seconded by Mr. Anderson:—"That this meeting can only concur in the advisability of repealing the Apothecaries' Act of 1815, provided some equivalent protecting measure be substituted, and is of opinion that a summary process for putting down unlicensed practitioners would be of advantage to protect a large body of the medical profession from unjust interference, and the public from imposition."

Moved by Dr. Sandwith, and seconded by Mr. Hardey:—"That this meeting, deeply sensible of the value of a Council of Health and Medical Education, if rightly constituted, as conferring on the profession the dignity of being virtually a department of the State, and as affording a ready medium of access to Government for the expression of its wants and wishes, nevertheless deprecates the appointment of such a Council on the principles recognised by Sir James Graham's Bill, which, by excluding a *bond fide* representation of the great body of the profession, provides no adequate check on the exercise of powers susceptible of great abuse."

Moved by Mr. Dossor, and seconded by Mr. Sherwin:—"That a Petition, embodying the sense of the foregoing resolutions, be prepared and presented to both Houses of Parliament,—to the Lords by the Lord-Lieutenant of the Riding, and to the Commons by the Members for the borough of Hull."

A Committee was then appointed to carry out the views of the meeting, and a subscription entered into to defray the incidental expenses. And the thanks of the meeting were voted to the Chairman, for his able and impartial conduct in the chair.

COLCHESTER MEETING.

A meeting of the members of the Medical Profession resident in the eastern part of the county of Essex, took place at Colchester, on Tuesday, Oct. 15, to take into consideration the provisions of Sir James Graham's Medical Reform Bill. Among those present were Dr. Williams, Dr. Chambers, Messrs. Partridge, Waylen,

Philbrick, Morris, Churchill, Blair, Bewick, Johnson, Clarke, A. J. Partridge, J. Partridge, and Taylor, of Colchester; Osmond, Thorpe; Thompson, Manningtree; Rodick, Coggeshall; Daniell, Nayland; Manthorpe, Thorpe; Gilson, Halstead; Symmons, Bures; Meadowcroft, Bentley; Norman, Mersea; Bidwell, Dedham; Tomkin, Witham; Cooke, Chappel; and others. Alderman Partridge, of Colchester, in the chair.

The following resolutions were unanimously adopted:—

Proposed by Dr. Williams, and seconded by Mr. Daniell:—"That the great variation existing among the numerous bodies for licensing medical practitioners in the United Kingdom, in respect to the standard of qualification, demands legislative interference, in order to control them, and render uniform medical education. That this meeting considers "A Bill for the better regulation of Medical Practice throughout the United Kingdom," as proposed by Sir James Graham, inadequate to the purposes proposed, and, moreover, highly objectionable, because it deprives the medical practitioner of all protection, and thereby discourages the scientific study of medicine, by placing the uneducated and incompetent pretender in direct rivalry with the educated practitioner, thus legalizing quackery, and subjecting the public to the incalculable evils of rash and dangerous empiricism."

Proposed by Mr. Osmond, and seconded by Dr. Chambers:—"That this meeting, viewing with satisfaction the benefit already experienced, not only by the profession, but also by the public, from the extended qualification required of candidates for Apothecaries' Licence; and considering that the general practitioner possesses no other protection than the Act of 1815 against the competition of the ignorant and unqualified, most strongly protests against its repeal, unless an equivalent protection be substituted, and an uniform elevated standard of professional education be enforced."

"Proposed by Mr. Gilson, and seconded by Mr. Blair:—"That the Council of Health, as constituted by this bill, is decidedly objectionable, because it places too much patronage at the disposal of a Minister of the Crown, without providing a guarantee for its right distribution; because of the entire exclusion of general practitioners; and because of the absence of any clause requiring its members to belong to the medical profession. That the proposed system of registration is unjust, because it takes away the protection afforded by the Apothecaries' Act, without furnishing an equitable substitute; and throws the expense of maintaining an obnoxious law upon those who will be directly injured by its enactments."

On the motion of Mr. Morris, seconded by Mr. Bidwell, a Petition, embodying the foregoing resolutions, was adopted for presentation to both Houses of Parliament.

A deputation was appointed to wait on the Members for the county and borough, and an Association formed to watch the progress of the bill.

The thanks of the meeting were voted to the Editors of the *Lancet*, *Provincial Medical and Surgical Journal*, *Times*, and Local Papers, and to the Honorary Secretary, Mr. Philbrick, and the Chairman.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SPECIAL GENERAL MEETING.

In compliance with a resolution of the Council of the Provincial Medical and Surgical Association, a Special General Meeting of the Association was held at the Town Hall, Derby, on Thursday last, the 14th of November, to take into consideration Sir James Graham's Bill, for the better regulation of Medical Practice throughout the United Kingdom.

The chair was taken at one o'clock, by Dr. Robertson, of Northampton, a meeting of the Council having been previously held to arrange the order of the proceedings. Among the members present, including also several gentlemen belonging to the medical profession, from Derby and the neighbouring towns, were—

Henry Thomas, Esq., Sheffield.
William Hey, Esq., Leeds.
T. P. Teale, Esq., Leeds.
John S. Soden, Esq., Bath.
H. Terry, Esq., Northampton.
J. P. Garlick, Esq., Leeds.
J. C. Williams, M.D., Nottingham.
James Crang, Esq., Timsbury.
Abraham Jubb, Esq., Halifax.
George Turton, Esq., Sheffield.
S. H. Evans, Esq., Derby.
D. C. Evans, Esq., Belper.
S. W. Fearn, Esq., Derby.
R. S. Hutchinson, M.D., Nottingham.
Francis Elkington, Esq., Birmingham.
James Stedman, Esq., Guildford.
Jonathan Mason Waddy, M.D., Birmingham.
Richard Dix, Esq., Derby.
Richard R. Allen, Esq., Belper.
John Nicholson, Esq., Ashbourn.
Wm. Cantrill, Esq., Wirksworth.
Edward Daniell, Esq., Newport Pagnel.
Thomas Poyser, Esq., Wirksworth.
William White Cooper, Esq., London.
Thomas Martin, Esq., Reigate.
James Edwards, M.D., Chester.
Robert Davison, Esq., Nottingham.
J. N. Thompson, Esq., Nottingham.
John Wright, Esq., Derby.
Douglas Fox, Esq., Derby.
Thos. Chas. Cade, Esq., Spondon, near Derby.
John Lovel, Esq., Derby.
Augustus G. Greaves, Esq., Derby.
William Charles Rudkin, Esq., Derby.

William Edward Boddington, Esq., Chesterfield.
Richard Hey, Esq., York.
Robert Ceely, Esq., Aylesbury.
Robert J. N. Streeten, M.D., Worcester.
W. D. Husband, Esq., York.
James Heygate, M.D., Derby.
Charles Hastings, M.D., Worcester.
J. W. Johnson, Esq., Derby.
Charles Borough, Esq., Derby.
John Lindley, Esq., Derby.
Henry F. Gisborne, Esq., Derby.
A. C. Barker, Esq., Matlock Bath.
T. Buxton, Esq., St. Alkmund's.
Richard Beaumont Child, Esq., Melbourne.
R. T. Tasker, Esq., Melbourne.
Perry Dicken, Esq., Asby-de-la-Zouch.
Arthur Hewgill, M.D., Repton.
Wm. Hollis, Esq., Derby.
Geo. A. Cope, Esq., Etwell.
J. Oastler, Esq., Brentsford.
George Taylor, Esq., Wardwick.
Allan Bowman, Esq., Derby.
Thomas Bent, M.D., Derby.
— Baker, M.D., Derby.
Henry Edwards, Esq., Tutbury.
Francis Sibson, Esq., Nottingham.
William J. Mackaron, Esq., Crick.
John Ashford, Esq., Hinckley.
H. C. Attenburrow, Esq., Nottingham.
Thomas Wilson, Esq., Nottingham.
Thomas Lomas, Esq., Belper.
Robert S. Tomlinson, Esq., Burton-on-Trent.
Hugh Eccles Walker, M.D., Chesterfield.
John Ellam, Esq., Sandiacre.
Thomas Paget, Esq., Leicester.
H. W. Willagar, Esq., Leicester.
Charles Bowman, Esq., Leicester.
Thos. Macaulay, Esq., Leicester.
J. P. Stallard, Esq., Leicester.
Win. Jackson, Esq., Sheffield.
John Johnson, Esq., St. Alkmund's.

The Chairman in opening the meeting said, he was much gratified to see so large an attendance on the present occasion. The nature of the subject which had called them together was well known to most of them, he need not therefore detain the meeting with any long observations upon it. He might say, however, that his own opinion was very favourable to many parts of Sir James Graham's Bill; it was generally good, and he had no doubt, that with a little alteration in some of its details, it would give general satisfaction to a great portion of the medical profession. The great

principle in it was the uniformity which it introduced in respect of education for that profession. It gave permission to the medical body to qualify persons to practice, and to practice alike in any part of her Majesty's dominions; and it also brought the medical profession in connexion with the executive government of the country, and under the immediate protection of the Crown; all which he thought would have a tendency to raise and benefit the medical profession. He would not detain the meeting by offering further observations; but would proceed at once to call upon Dr. Hastings, to move the first resolution.

Dr. Hastings then rose, and said that it devolved upon him, as President of the Council, to bring before the meeting the resolutions which had been sanctioned by the Council as those to be submitted to the consideration of the present meeting, and in doing so it would be necessary for him to review the measures which had been adopted from time to time by the Association. He thought every one must admit that whoever undertook to reform and improve the state of the medical profession, must have to contend with great difficulties. The question of Medical Reform was an exceedingly complicated one; it was evident to his mind, and the minds of others who had given the subject the greatest and most careful consideration, that it was one not easily solved; and if he were required to adduce proof of the fact, it might be found in this—that those Members of Parliament who had hitherto attempted to legislate upon the subject, had failed in effecting any good. He might instance the failure of Mr. Warburton, from whom so much was expected; and also of Mr. Wakley. The latter gentleman, though so intimately connected with the medical profession, had failed, as others, in introducing any satisfactory measure connected with the profession, into the House of Commons. He mentioned this circumstance to show that whoever will grapple with the question of Medical Reform, will have to contend with very great difficulties. It must be expected that there would be some errors both of omission and commission. He was happy to say, however, that the Association, from its first formation to the present time, had been directing attention to this subject. The minds of many of its ablest members had been long steadily engaged in its consideration; and he was happy, on referring to the past proceedings of the Association, to find that many parts of Sir James Graham's Bill were in exact accordance with them. In proof of this he would refer to the report of the first meeting of the Association, held at Worcester, in the year 1832.

At this first meeting of the Association, in 1832, reference was made to the importance of an improved organization of the profession. In the address which he then delivered, which was published in the first volume of the 'Transactions,' he remarked, "It is admitted on all hands that the organization of the profession which obtains is not what it ought to be; for the whole system of medical polity in this country is both defective and erroneous. Opinions differ widely as to the evils and remedies, but few are found to commend the existing state of things. This subject is closely connected with the advancement of science, for, if the profession were constituted as it ought to be, and as reason and sound principles dictate, the harmony that

would be thus established among the several departments could not fail to prove a direct means of their co-operating more cordially and efficiently in extending the science and improving the practice." After this time every year seemed to increase the desire in the profession for some improvement in its polity, and in 1834 a committee of the House of Commons was appointed to inquire into, and consider, the laws, regulations, and usages, regarding the education and practice of the various branches of the medical profession in the United Kingdom.

After several months of labour by this committee it was resolved,—“That the committee have the power to report the minutes of evidence taken before them, together with their observations thereon.” This report, however, from some unexplained cause, was never made.

At Cheltenham, in the year 1837, the first Committee of this Association was formed on this subject, and they were appointed to watch over the interests of the profession at large, and to report to the Council from time to time such measures as circumstances might render expedient. At the head of this Committee was placed our late lamented associate, Dr. Barlow. The Committee made no report, until July, 1839, at the Anniversary Meeting at Liverpool, when they recommended a petition, which was adopted, and presented to the House of Commons, and which prayed for an adequate and uniform education for the whole profession, to be brought about by the intervention of the legislature, together with equality of rights and privileges among all so educated. For this purpose the formation of an examining and licensing board on liberal principles was recommended.

At Southampton, in 1840, the same Committee presented another report, in which they say, in reference to their former petition, "It is a gratifying fact, however, that subsequently to the presentation of these petitions, appeals, to an extent unexampled in the annals of the profession, have been made to the Legislature, and memorials have been presented to the Home Secretary." The Committee again insisted on the necessity of uniformity of qualification, and equality of rights and privileges being the basis of any enactment for the reform of the profession. At this meeting a resolution was also passed—

"That it is highly expedient that further steps should now be taken to obtain medical reform on the principles of a uniform test of qualification, and a representative system of government." And in conclusion, it was resolved, "That the Central Council be empowered to act on behalf and in the name of the Association, until the next Anniversary Meeting, in presenting petitions to Parliament, or in such other procedures as circumstances may render necessary."

During the ensuing year, a conference took place in London, to which deputies were sent by the Provincial Association, but it ended without producing any satisfactory result. During this year, however, the

Council sent a notification to the London Corporations, inviting their co-operation; but, at the same time, stating "That no measure of reform can be satisfactory to the medical profession, which is not calculated to redress the grievances complained of, as set forth in the report of the Reform Committee of the College of Physicians; that any measure which does not provide due protection to the members of the profession, will be defective and unsatisfactory; that no measure will meet the approbation of the profession at large, which does not recognize the representative principle in the construction of the governing bodies."

At the ensuing anniversary meeting held at York, in 1841, the Reform Committee presented a report, in which they say, in reference to a bill for amending the anomalous condition of the profession, the members of which issued from at least sixteen different sources, varying in the amount of qualification, and in the privileges conferred, "It is of some importance from whence this bill should emanate; speculative reformers, impelled by too ardent a desire to realize speedily all their conceptions, would be disposed to seek too much. Existing institutions, on the contrary, if intrusted with the framing of a bill, would concede too little. In such emergency, a bill for regulating the profession of physic should issue from some party untrammelled by either extreme; and this party, your committee conceive, should be the Ministers of the Crown." Accordingly, a memorial was agreed upon at the York meeting, requesting the Home Secretary to bring the question under the consideration of his colleagues, in order that a bill might be presented to the Parliament with the sanction of her Majesty's Government.

It was very satisfactory to find that in the ensuing Session of Parliament, in 1842, the Right Hon. Secretary, Sir James Graham, announced his intention of submitting to the House of Commons, at an early period, a bill for the better regulation of the medical profession.

As soon as this announcement was made, the Central Council again addressed Sir James Graham, and, after thanking him for having undertaken this important measure, they proceeded to say:—"The principles to which we are desirous of calling your attention, as being those recognized by the Provincial Association, and upon which, as we conceive, any measure intended for the regulation of the medical profession should be based, are,—uniformity of the primary qualification, to be tested by sufficient examination; equal right for every member of the profession to practice throughout her Majesty's dominions; and the adoption of the representative system in the formation of the councils or governing bodies."

Nothing more was attempted until the anniversary meeting at Exeter, in 1842, when the Reform Committee presented a report, in which they expressed their gratification that Sir James Graham had undertaken to introduce a bill into Parliament, but at the same time regretted that he should have announced the intention of granting a new Charter to the College of Surgeons previous to so doing.

At that meeting it was resolved:—"That the General Council be especially enjoined to watch vigilantly during the ensuing year over all proceedings in Parliament and elsewhere, which have any relation to the subject of Medical Reform, and that they be empowered to employ every means which their judgment may direct, for upholding the principles of Medical Reform, which the Association had so long and so steadily advocated, these principles being clearly and unequivocally declared in the reports heretofore presented to the Association by their Reform Committees, and explicitly specified in the memorial lately submitted to the Right Hon. the Secretary of State for the Home Department by the General Council."

In the course of the ensuing year there was reason to think that some obstacles occurred which prevented the Secretary of State from proceeding with his proposed bill, and it was on that account thought necessary again to memorialize him, and to point out to him still more fully and circumstantially than we had hitherto done, the recorded opinions of the Association.

We said:—"The main evil of the existing state of the profession is the want of an uniform qualification, such as would ensure that every member of the profession was duly tested as to his competency for the discharge of his professional duties."

And further:—"That members of the profession duly tested as to their competency, and legally licensed to practise, should be free to exercise their vocation wherever their own interests should direct, it can need no argument to prove; and that those who have undergone an expensive course of study to attain the necessary qualifications, should receive adequate protection in the exercise of their acquired right to practise, seems equally clear. It is but just that the duly qualified medical practitioner should be protected from the encroachments of those who, not having obtained the required certificates of proficiency in medical knowledge, and consequently having no license to practise, are, it is to be presumed, unfit to be trusted with the cure of disease. Further, if the public benefit be intimately concerned in providing competent medical practitioners, it is equally evident that to authorize or connive at the practices of persons whose acquirements have not been sufficiently tested, would be to render the contemplated legal provision of no avail, and to nullify all the good which might be expected to arise from it."

This memorial was followed up by the Council recommending general meetings of the profession in cities and counties, and several petitions to Parliament, enunciating the views of the Association, were the result.

When the Association held their general meeting at Leeds, in 1843, all these proceedings of the Council received the most cordial confirmation, and the meeting resolved,—"That, considering the incalculable importance of those interests which are involved, both public and professional, in the great question of Medical Reform, and the peculiarly critical situation in which that question is at present placed, a deputation of members of this Asso-

ciation be now appointed to obtain, without delay, an interview with her Majesty's Government, in order to explain those sound principles of medical legislation which they believe will alone be satisfactory to the profession, and conducive to the welfare of all classes of her Majesty's subjects."

This deputation was accordingly appointed, but Sir James Graham politely excused himself from receiving the same.

No further attempts were made by the Association to obtain an interview with the Home Secretary, as the announcement was made that the bill was prepared, and only awaited a fit opportunity to be presented to the House of Commons. That opportunity arose last Session, and we are now met to consider the same.

Previous to the introduction of the Bill, however, the Council had circulated a statement of the principles of the Association among the Members of the House of Commons, and he would now beg attention to an important part of that statement, which showed that the Council were right in one part of the resolutions, which they had upon this occasion agreed to recommend the Association as a body to adopt. He referred to the practising of unqualified persons:—

"But if it be of importance to the general community that the licensed medical practitioner should be competently qualified for the practice of his profession in all its branches, it is at least of equal importance that all those persons attempting to practise medicine, whose competency has not been thus duly and legally tested and certified, should be prohibited from so doing, under sufficient and easily recovered penalties. The public ought to be protected from the malpractices of ignorant and unqualified persons; and the medical practitioner, after having gone through a prescribed course of arduous study, and complied with all those requirements which the interests of the public demand, has acquired a right to such protection as the law can afford him, in the exercise of those duties for which the law requires from him such special qualification.

"It now only remains to point out that, for the better insuring a compliance with these provisions, and for the giving due effect to them, it appears desirable that the medical practitioners so qualified should be incorporated together into one general body, and that the regulation and government of such corporation should be vested in its members.

"Without some measure of this kind the general practitioners—those who are possessed of this primary qualification, and devote themselves to the practice of medicine in all its branches—must remain disunited, inefficient, and without the power of availing themselves of that protection which legal enactment may award to them; and, if incorporated together, it is manifest that, in accordance with the general institutions of the country, they are entitled, under suitable regulations, to the election of their own Council or governing body, and to the appointment also of representatives in any more general Council or Board which it may be thought desirable to establish for the consolidation of the whole medical profession."

The only means to exclude unqualified persons from the profession was by some measure of organization and incorporation. Without some measure of this kind, the profession would still continue confused and disunited. It was, he thought, most desirable that the members of the profession should have the constitution of the profession in their own hands. Before he proceeded farther, he would read the resolutions which had been prepared by the general Council for the consideration of the meeting on the present occasion; and he hoped those resolutions would not be considered as proceeding from the General Council, or the Central Council, or as the views of any Committee whatsoever, but as springing out of resolutions which had been passed, over and over again, at the Anniversary meetings of the Association, when great numbers of the profession were present. They were in fact the substance of the recorded proceedings of the Association; and he begged that they might be compared with the bill of Sir James Graham; and so far as that bill accorded with the recorded proceedings of the Association, so far, he thought, it was worthy their support and approbation; but in whatever it fell short of this, it was wanting, and required amendment.

Dr. Hastings then proceeded to read the resolutions which the Council had proposed for the consideration of the meeting, and which were as follow:—

1. "That the Association testify their satisfaction that a bill for the better regulation of Medical Education and Practice has been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions previous to its passing into a law."

2. "That this satisfaction is increased by observing that an approach to a uniform standard of education and qualification, and the right to practise by all qualified persons, without respect to local privileges—principles for the recognition of which the Association has on various occasions contended, and especially in petitions to the Legislature, and memorials to her Majesty's Government,—are two of the great leading principles of the measure."

3. "That further to ensure the object of a sufficient uniform primary qualification for every medical practitioner, without which the equal right to practise every department of the profession ought not to be conceded, it seems desirable that the diploma of Licentiate of Medicine should be required of all who may hereafter propose to enter the profession, and previous to their being entitled to claim admission to register in any other grade."

4. "That these principles, if carried fully into effect, would confer a great benefit on the profession and the public, in the removal of many existing evils; and that, in thus providing the public with a supply of fully qualified medical practitioners, the Association are of opinion the Government would do much towards the remedy of abuses of which, for a long time past, there has been great reason to complain."

5. "That the Association view with alarm and

deep regret that part of the bill which proposes to abolish all restriction on the practice of medicine by unqualified and unlicensed persons; and that, although there may be some reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, the Association are of opinion that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint be adopted."

6. "That while the Association approve, with this exception, the general spirit and principles of the bill, they feel that in various details it may be desirable to introduce certain changes and modifications, which would improve the general efficiency of the measure, and tend materially to facilitate its practical application."

7. "That while the Association is sensible of the advantages which the profession will derive from a direct connection with the Government, they cannot but consider the proposed constitution of the 'Council of Health' as deficient in not affording express representation, either of the physicians and surgeons resident in the provinces, or of the great body of general practitioners throughout the country."

8. "That some provision ought to be made, either in the bill, or in amended charters to be granted to the Colleges of Physicians and Surgeons, for a more direct acknowledgment of the representative system in the councils or governing bodies of these corporations."

9. "That in the absence of any provision for the admission of the general practitioners into a participation, on terms honourable to that body, in the corporate privileges of either of the Colleges of Physicians and Surgeons, it appears essential to the well-being of this numerous and influential body, as well as beneficial to the public interests, that they should be incorporated together, and that the interests of such corporation should be adequately represented in the proposed Council of Health."

The substance of every one of these resolutions had been received and adopted by the Association at many general meetings successively held. He might go one step further, and state that they were in accordance with the opinion of many of the greatest and most gifted men in the kingdom. He had several important letters from eminent persons, which he would presently read. He had one from the Professor of Medicine, at Oxford, Dr. Kidd, who had boldly stepped forward, and given an important impetus to the subject of Medical Reform. He would read his letter, which showed that the present proceedings were in entire accordance with his own opinion:—

"My Dear Hastings,—I received the accompanying paper from Dr. Streeten this morning, with the request that I would communicate to you my opinion respecting it.

"Nothing, in my judgment, could have been put forth more temperate and judicious than the resolutions contained in this paper.

"I have ventured to suggest two slight alterations, which you will see marked in the paper; the first of which I have suggested on the ground that "so long

expected and "at length" imply a kind of reproof, which could do no good, and might do harm.

"The second alteration relates to a mere typographical error in the first line of the second page.

"Ever yours, most sincerely,

"J. KIDD.

"Oxford, November 8, 1844."

There was another letter from Dr. Williamson, of Stretton Hall, (late of Leeds,) the Chairman of the Leeds deputation, shewing that the present proceedings were also in accordance with his opinion. He expressed himself as follows:—

"Dear Dr. Hastings,—I regret I shall not be able to join your meeting at Derby. Ill health prevented my being present at Northampton, and I regret to say that the same kind of disability exists to a greater extent at present.

"The resolutions appear to me, temperate, judicious, and dignified, avoiding the objection which attaches to many similar documents, of giving too great prominence to the cuckoo note of 'protection.'

"I understand, by the bye, that Sir James Graham, has promised to insert a protective clause. The constitution of the Council of Health, and the clause relative to the privileges of *foreign* graduates are far more important subjects.

"I did not send the petition from Yorkshire, to which I referred, it having undergone so many alterations at the meeting, that I ceased to have any interest in its paternity.

"In haste, I am,

"My dear Dr. Hastings,

"Yours very truly,

"JAMES WILLIAMSON.

"Stretton Hall, Chester, November 13, 1844."

Then, again, there was a letter from the Branch Association, at Taunton, of the same character:—

"Taunton, November 12, 1844."

"Dear Sir,—I am instructed by the Council of the Taunton and Somerset Branch of the Provincial Medical and Surgical Association, to convey to the Central Council through you, its President, their entire concurrence with the printed form of resolutions to be submitted to the General Meeting of the Association, to be held at Derby, on Thursday next, and to request the favour of your advising the Meeting to that effect.

"I am, dear Sir,

"Yours faithfully,

"CHARLES H. HIGCINS,

"Honorary Secretary.

"Charles Hastings, Esq., M.D.,
President of the Council."

Dr. Hastings then stated, that the Secretary of the Association, Dr. Streeten, had also received letters of a similar description from a number of individuals standing high in the profession, which, as it was desirable that the meeting should be as fully as possible in possession of the sentiments of eminent men in all parts of the kingdom, and especially of those who were officially connected with, and represented the opinions

of, the Branches of their Association, or of large bodies of the profession, he should here request Dr. Streeten to read.

Dr. Streeten then read the following letters :—

"The Council of the North of England Medical Association, having received and considered the resolutions to be proposed at the Special General Meeting at Derby on the 14th of November, beg to express their most cordial approbation of their contents, and of the moderate yet dignified tone of the above resolutions.

"And the Council beg further to state that they would be ready to co-operate in any measures founded upon these resolutions, and especially in the formation of a Deputation or Deputations to London during the consideration of the bill in parliament.

"And the Council sincerely hope that the moderate yet firm and dignified tenour of these resolutions will be followed by the other Medical Bodies and Associations throughout the Kingdom.

"By Order of the Council of the North of England Medical Association,

"EDWARD CHARLTON, M.D.,

"Honorary Secretary.

"Newcastle-on-Tyne, Nov. 13, 1844."

"Norwich, Nov. 12, 1844.

"Dear Sir,—I regret that it is quite impossible for me to be at the meeting at Derby, much as I desire it. The resolutions which have been prepared I quite approve; they are very temperate and judicious, and such as we want, for it will be very injurious to have such a damp thrown over medical legislation, that the bill of Sir James Graham should in consequence be rejected. We might not live to see another effort made at legislation, after all these thirty years of agitation, to get a bill introduced, for Government has greater matters in their view to attend to, and are not very zealous to legislate for us."—"If Sir James Graham's Bill be modified in some respects, and a good penal clause introduced, it ought in my opinion to be carried through, and I hope it will, for it is a very perfect specimen of simplicity, brevity, and efficiency in medical legislation, bating only the anomaly of *no penal clause*.

"I am, dear Sir,

"Yours truly,

"J. G. CROSSE.

"To Dr. Streeten."

"TO THE SECRETARY OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

"Sir,—We, the undersigned, members of the Association, resident in Hereford, regret that we shall be unable to attend the Special General Meeting which has been called by the Committee, to take into consideration Sir James Graham's proposed Medical Bill. The distance from Hereford to Derby is so great, and the means of accomplishing it so inconvenient, that we could not do so at this busy season of the year, without a greater loss of time, and neglect of duty, than our attendance would compensate for. We are extremely glad that such a general meeting has been called, and anticipate from it very beneficial results

for the best interests of the profession. Our opinions on the leading principles of the bill have already been publicly expressed in the resolutions adopted at our county meeting; for the rest, we have every confidence in the Committee and Members of the Association, and have no doubt, but that we shall be able cordially to join in the letter and spirit of the resolutions adopted at the meeting, and be ready to take, with those present, whatever measures it may be deemed most advisable to adopt.

"We shall feel obliged by your making known to the meeting the substance of this letter,

"And remain, Sir,

"Your obedient servants,

"J. BLEECK LYE, M.D.

"EDWARD MORRIS, M.D.

"FRANCIS BRAITHWAITE, F.R.C.S.E.

"CHARLES LINGEN, M.D., F.R.C.S.E.

"HENRY GRAVES BULL, M.D., &c.

"Hereford, Nov. 11, 1844."

Dr. Streeten then observed, that he had a letter from Dr. Webster, the President of the British Medical Association, to lay before the meeting, and as it referred to the same subject, this would probably be the proper time to produce it. The principle feature in it was a recommendation for the incorporation of the general practitioners, upon which subject a resolution had been sanctioned by the Council previously to the receipt of Dr. Webster's letter; and it should also be observed, subsequently to the forwarding of copies of the proposed resolutions to the Secretaries of the Branches and other gentlemen from whom letters had been read.

In consequence of the length of Dr. Webster's letter, and his differing in some respects with the import of the resolutions already before the meeting, a discussion arose whether the whole of it should be read, when—

Dr. Hastings rose, and said that he thought it desirable that the whole of Dr. Webster's letter should be read, for he represented a large class of persons. He (Dr. Hastings) thought it right, however, again to state, that the meeting was not called to take into consideration the views of any one party—not the views of physicians, nor of surgeons, nor of general practitioners, but of ALL—to elicit the opinions of ALL—and to view the question of Medical Reform in all its phases. Under these circumstances, he thought it desirable that the Secretary should go on with Dr. Webster's letter.

"TO DR. STREETEN, M.D., EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL, AND SECRETARY OF THE ASSOCIATION.

"Dear Sir,—I am much obliged to you for your circular copy of the resolutions intended to be submitted to the meeting of the Provincial Medical and Surgical Association, to be holden at Derby on Thursday next. I deeply regret that I see no prospect of my being able to attend this meeting, which I consider to be more important than any former one, because fraught with more of weal or of woe to the future welfare and respectability of the great majority of the members of the Association. I cannot therefore allow such a momentous occasion to pass, without addressing a few words to my respected fellow members, and I beg that you, as the organ of the Association, will do me the

favour either to insert this letter in this week's number of our Journal, or read it to the meeting, so that it may reach the eyes or ears of those who shall attend.

"I have no wish unnecessarily to deprecate or disparage Sir James Graham's Bill; on the contrary, I have, in conjunction with my colleagues of the Council of the British Medical Association, carefully dissected the bill, and published resolutions giving the Home Secretary the full benefit of all the *good* that could be found in it. I wish from my heart we could have given it our unqualified approbation, that these worse than unprofitable agitations and discussions, so foreign to the habits and pursuits of our profession, might have been for ever laid at rest. But on calmly considering the measure, the conviction was forced upon us, that its numerous evils, its glaring defects, and its partialities towards certain classes of the profession, *greatly overbalanced the good* which it contained. It may fairly be asked why then try to modify and amend so defective and injurious a bill? Simply because all former attempts at medical legislation by individual Members of Parliament have failed; because the sanction and support of Government are likely to ensure its success; and moreover, that if the Government become disgusted by anything like violent or unnecessary opposition, and the Legislature by repeated fruitless attempts, many years may elapse before we gain even a moderate measure of reform. These considerations I have no doubt have operated in the production of the *very mild*, and I would say without offence, *defective* resolutions which have been passed at some of the medical meetings, and this brings me to notice those about to be submitted to the meeting at Derby.

"I confess that I have read the 'intended resolutions' with no little regret and disappointment. I am quite aware that my views of Medical Reform may be more ardent than those of our excellent President and the Central Council, though in all the important leading points, I believe we perfectly agree. I have ever respected the *very cautious* (not to say the sometimes *timid*) policy pursued by the Reform Committees and Central Council, because doubtless they have thought it their duty to follow, rather than to lead, the cause of Medical Reform; but I was scarcely prepared at such a critical juncture, when the truth ought to be boldly and firmly declared, for resolutions so general as to lose their force, so undecided as scarcely to point to a single remedy for our grievances, and above all so laudatory and eulogistic as to deceive Sir James Graham into the belief that the 1700 members of the Provincial Medical and Surgical Association, 'approve of the general spirit and principles of the bill,' with the single exception of the want of a clause to restrain unqualified practitioners!

"But suppose all the remedies sought for (or rather indicated) in these resolutions, and more boldly claimed by other associations and meetings, were fully granted, what would be the effect of the bill on the profession, but especially on the general practitioner? It must be evident to any one who has attentively considered the bill, and who has read the Charter of the College of Surgeons, and the by-laws recently enacted by the Council, that the great object of all this medical legislation is to confer and secure certain extensive

privileges, and hitherto unknown distinctions, on a favoured class—the pure surgeons and physicians. They only are to govern; they only are to elect, the governors; they only are to form the Council of Health; they only are to superintend the education of the whole profession; they only are to be teachers; they only are to be examiners; and they only are to fill the medical offices to which importance, honours, and emoluments are attached. Now for the boons to be conferred on general practitioners, who form, in fact, numerically, the profession, and to whom is in reality confided the health of the vast bulk of the community. He is henceforth to be constituted into a distinct and degraded class; he is only a general practitioner, therefore his education and requirements may easily be completed at 21 years of age; he is unworthy of a seat at the 'Council of Health and Medical Education;' he is altogether unfit to be admitted into the Council of the College of Surgeons; nor can he be a Fellow unless he has been a dresser or house surgeon to a hospital; he cannot be a teacher; far less can he be an examiner; he is not to have a title, for, I presume, he will be punished if he uses one for which he is not registered; and licentiate would sound but oddly before his name. He will be debarred from official emoluments as well as honours, always excepting those of Poor-law Unions; but above all, as he will have no name, neither will he have a local habitation. He is to be governed, taught, and examined by other bodies, but he is to belong to none; he is to have no representatives, none to watch over his interests, to hear his grievances, and to redress them. The general practitioner then, even under Sir James Graham's Bill, with all the amendments generally prayed for, would be the same isolated, unsatisfied, unrepresented, and unreformed member of the profession which he now is; and is he to remain contented with such a state? I trust not.

"This naturally leads me to that which I consider as the *only remedy* to prevent the perpetration and the continuance of such evils, and, in one word, that is INCORPORATION. This is the point which, above all, I am most anxious to impress upon my fellow members of the Provincial Association and my medical brethren in the kingdom. I firmly believe that nothing will save the general practitioners of this country from threatened degradation and ruin but their union and incorporation into a distinct body (which might be called 'the Royal College of Medicine and Surgery') with power to elect a representative Council and to appoint their own examiners—such examiners to be selected from either college, or from their own body, according to their eminent qualifications.

"Till very lately, I have contended for the union of the *whole profession* into one body or faculty of medicine, and I still think this would be by far the most desirable plan. After an active experience, however, of ten years in Medical Reform affairs, I am unwillingly forced to the conclusion, that with the feelings and actions of the Colleges, especially the College of Surgeons, *such an union* is at present *impracticable*. I shall therefore use my best energies in assisting to promote the consolidation of the general practitioners into a body corporate, and at once urge all Medical Reformers to pass resolutions for such an object, and to pray for it in all their petitions. Of course application for a

Royal Charter must be made to the Crown in the official manner, and I am persuaded that no Minister could with any propriety resist so just and reasonable a prayer. The Metropolitan Associations I am convinced, will immediately act in the matter, some of them have already broached the subject; and I am persuaded that the Society of Apothecaries, from the tendency of the admirable 'Address to the General Practitioners,' which they have just published, would readily unite their efforts for so laudable and necessary an object. I know also, that at least one large and influential Association in Scotland, would join us. I cannot at present enter into details, even if it were prudent—these must be settled at a conference of Members delegated by the numerous Associations and Meetings. I sincerely hope that this important matter will be duly considered and discussed at Derby, first by the Council and then at the meeting; and should the Council decline to act in it, I trust some gentleman when you read this letter at the meeting (for I fear it is too late for the Journal) will propose a resolution on the subject, or if it can be done consistently with form and the rules of the Association, I would beg you to propose the following as my resolution, which I hope some friend to the cause will second.

Resolved—"That it would tend greatly to the welfare, respectability, and usefulness of General Medical Practitioners, to unite them into a separate College or Body Corporate, by Royal Charter, with powers to manage their own affairs upon the representative principle.

"If once thus united, I should have no fears for the future conduct and safety of general practitioners, and I believe nothing would facilitate more the further and more intimate connexion between them and the present colleges, than the legal equality, and the possession of powers, rights, and privileges, which a charter would confer upon them.

"Much has been said of Sir James Graham's 'good intentions' towards the profession. I willingly give him full credit for the very best intentions, and doubtless he is an honourable and consistent statesman and legislator, as his whole political and official conduct has shown. But we have *facts* to deal with, as well as good intentions, which are frequently frustrated. Sir James Graham has apparently been chiefly guided in the formation of his Bill by those bodies against whose mal-administration he must have so often received complaints from the profession; he has *not* taken advice from the complainants when offered to him with all deference, sincerity, and respect; he has procured royal charters with increased privileges and honour for the colleges complained against; he has given to these very colleges the power to continue, to increase, and to perpetuate the evils and injuries complained of; he would not even grant the modest and humble request of those complaints to *defer* the bestowal of power so injurious, until Parliament could hear both sides of the question and judge of their merits; and lastly he has, with his one-sided advisers, concocted a measure, which, if passed into a law, would most injuriously affect the public health, and would utterly ruin and degrade the great majority of the medical profession. I now leave my fellow members of the Provincial Association to judge whether the resolutions about to be submitted to them, which view with so much

'satisfaction,' the Bill of Sir James Graham, and accord to him so cordial a vote of thanks for his medical labours, are exactly those of which they will heartily approve.

"The bill of Sir James Graham and the Charter for general practitioners may be considered and treated either separately or unitedly. The sentiments of the Government should be ascertained as to the bill *immediately*, and if the necessary amendments are refused it must be *petitioned against in toto*; but under any circumstances a Charter must be prayed for, or we are lost.

"Believe me, dear Sir,

"Yours faithfully,

"GEO. WEBSTER.

"Dulwich, Nov. 10, 1844."

The reading of Dr. Webster's letter having been concluded, the receipt of some others was announced to the meeting, one of which, from Dr. Jeffreys, of Liverpool, we subjoin:—

"I have just now re-read Sir James Graham's speech upon the bill, delivered in his place in the House of Commons, on the 8th of August, 1844, or at least reported on that day, and I am more and more convinced of his intentions being to do the best he can for the improvement of the medical profession, and think we ought to be deeply grateful, that the subject has become a matter of parliamentary investigation and improvement, which we all know, and have so deeply felt, more or less, the whole of our lives. When the bill was read last Session of Parliament, I considered the subject quite in its infancy; such has proved to be the case, and every day is unfolding new and valuable facts to assist, if not to guide, the most accomplished statesman in the realm; and I firmly believe from letters I have in my possession, of at least *seven* members of the House of Commons, that the bill will meet with deliberate attention, and that Sir James will consent to any reasonable alterations and additions, if they are brought before him with judicious discretion. I perceive he is willing to admit *one or two* provincial practitioners into the Council of Health, which I think is not sufficient; there ought to be four, if not five, for east, west, north, south, and midland districts, which idea is quite in harmony with the constitution of the kingdom, and found absolutely necessary for wise legislation on other subjects."

Dr. Hastings then proceeded with his observations. He had shown that the resolutions already before the meeting had not been concocted to express merely the opinion of the Council, but the voice of the 1800 Members who constituted the Association; and he might say, they were met together on that occasion with the desire to obtain a modification of Sir James Graham's Bill. There were three important principles which had been contended for by the Association;—uniform and efficient qualification in every branch of medical science; equal right for all so qualified to practise throughout the whole extent of her Majesty's dominions; the adoption of the representative system in the formation of the Councils or governing bodies. Now, he thought, with regard to the first of these principles, uniform efficient qualification in every branch of the medical profession, was ensured through

the Council of Health, and the second was fully carried out in the bill.

With respect to the constitution of the Council of Health, he would maintain that it was positively necessary to connect it with the Government, for by that means alone could they hope to carry out those alterations in the profession which were so much wanted in Great Britain. Therefore the objections of those who were opposed to the measure being a Government measure, were quite untenable, because it was impossible to carry out the necessary reforms without Government assistance: they should certainly want the assistance of the Ministry. Having disposed of that objection, he would now refer to the formation of the Council. Who were more qualified effectively to fill this office than the Regius Professors of the Universities of Great Britain—men who stood at the head of their profession—at the head of the liberal sciences? None could be more proper than they were to fill that important situation. It was a most favourable point in Sir James Graham's Bill, that it secured to the medical profession a representative system of government, though there was one point which was a great omission, and which he would presently notice. Six members of the Council of Health would be elected from the profession, from the Colleges of England, Scotland, and Ireland. These would well and truly represent the physicians and surgeons; but there was injustice done to the great body of general practitioners, for *they* would not be properly represented in that Council. Sir James Graham's Bill gave a *status* to the physicians and surgeons which it denied to the general practitioners. This should not be. They had as much right to be represented in the Council of Health, as the other parties. The constitution of the medical profession should be a free and liberal constitution, including alike physicians, surgeons, and general practitioners; and any minister stopping short of this, giving more privileges to the former classes than to the latter, would do wrong. He could not believe any enlightened statesman would do it. He could not believe that Sir James Graham would for one moment hesitate on this point. He had shown himself an enlightened minister of the Crown, and he would never refuse to nineteen twentieths of the practitioners of the kingdom, what he would grant to the other twentieth. It was a pity that when Sir James Graham's Bill was forming, some one was not near to whisper into his ear, that there was a large body of practitioners in the kingdom whose interests he should not overlook.

He thought he had now so far disposed of this question as to show that the constitution of the Council of Health was upon the whole calculated to promote great general good; and if Sir James Graham would only give way a little in the formation of that Council, to such advice as might be given him by individuals

who know the feelings of the great body of the profession on the subject, it would, he thought, be all that could be wished. The attempt, at any rate, should be made; and he thought there was no reason to despair. He would say no more on the subject of the Council of Health, except that its other members should be appointed by the Crown; and he maintained that the Crown should have some connection with, and influence in, the formation of this Council. Some of its members would have a stated maintenance from the Crown, and therefore the Crown ought to have the appointment of some of its members. Some might say that this point might be abused on political grounds, but he thought no right-minded gentleman would ever for a moment think of displacing a member of the Council, simply because he might chance to be a Whig or a Tory, as the case might be.

Then, with regard to the capability of the Council of Health to produce uniformity of qualification. This is very clearly pledged by the bill, in the 19th clause. For the satisfaction of those who doubted this he would read the clause—

"And be it enacted, that the said several colleges shall from time to time when required by the said Council, prepare and lay before the said Council a scheme or schemes of the course of study and particulars of the examination to be gone through by all persons applying to such colleges respectively for letters testimonial as physician, or surgeon, or licentiate, and of the fees to be taken for examination and admission into the said several colleges respectively; and the said Council shall be empowered to make from time to time such changes in any of the schemes so laid before them as to the said Council shall seem expedient; and the said Council shall endeavour to procure, as far as is practicable and convenient, that the qualifications and fees for the said testimonials shall be uniform, according to the nature thereof throughout the said united kingdom."

He thought it was quite clear from this clause that the Council would be pledged to produce uniformity of qualification. This was a most important point.

The next point he would bring before the meeting, after uniformity of qualification, was the right to practice in every part of the dominions of Great Britain. The old law, on this point, was one of the most mischievous ever framed; its principle was bad; and he had no doubt that from it had arisen most of the jealousies and heart-burnings which had taken place among members of the medical profession. It was not right that a man should go through an expensive education, and settle down to practise in England; but afterwards, if occasion required him to cross the water, and go to Ireland, he should not be able legally to practise there without going through another examination. It was well known that there are at present numbers of physicians practising in England holding Scotch diplomas. They could not do this legally—at least not more legally than custom caused it to be. What an anomaly it seemed that a person

north of the Tweed should be qualified to act as a physician, but that when ten yards on the opposite side, he should be incapable of legally following his profession! Sir James Graham's Bill got rid of this anomaly; the English would then recognize the Irish and Scotch physicians, and they would get rid of the heart-burnings and jealousies which too often spring up among them.

The next point of consideration was the adoption of the representative system in the constitution of their governing bodies. Sir James Graham had also given this point full consideration. The charter of the College of Surgeons had been much abused, but the abuse of it rested with the surgeons themselves, no fault belonged to Sir James Graham. If they pursued such a course as rendered the new charter nugatory the fault was not with Sir James Graham. It was however an evil only for the present day; when a few years had passed away, the Council of the College of Surgeons would then represent the great body of that branch of the medical profession in Great Britain. With respect to the College of Physicians the Council or governing body would be representative; but when elected, they would not follow the bad example of the College of Surgeons, and make themselves elected for life. And if the scheme for the incorporation of the general practitioners were carried into effect, every grade of the profession would then be represented in the great Council.

However some persons might be disposed to say that Sir James Graham had not given a fair bill, or a fair share of attention to the subject, it was still true that there was great credit due to him; for so far as he (Dr. Hastings) had hitherto gone, the acknowledged principles of the Association were embodied in the bill, and their wishes attended to. Several months ago, or about that time, the Association requested Sir James Graham to bring in a bill into the House of Commons, for the better regulation of the medical profession. He did so shortly afterwards. Was not this attending to the wishes of the Association? Great credit was due to him for his promptness, and also for his being the first minister of the Crown who had endeavoured to make the medical profession worthy of the country.

He was sorry, however, to come now to one or two points which were not so pleasing. He gave Sir James Graham great credit for the desire to please, and considering the difficulties he had to encounter, he had done great things. He had been placed in a somewhat similar situation to an architect, who had a new building to erect and join to an old one, without destroying its former character; and every one who knew anything about the matter, would be aware that it would be an easier task to pull down the old building entirely, than to join a new one to it. Sir James Graham had acted according to their wishes as far as he knew them. He

had been requested not to do away with the old institutions; and had not done so. Had he been requested to cut away the old institutions entirely, and to make new ones, he would doubtless have made them good ones. But it must be remembered, that this question of medical reform was not like an abstract mathematical question, which might be determined by certain fixed rules; and as might almost be expected, there were several very mischievous points in Sir James Graham's Bill, which would, if carried into effect, work a great amount of evil. He was exceedingly sorry he could not give the Bill his unqualified approbation; but he must of necessity say, that if the bill were carried without a protective clause, the whole of the good it contemplated would be utterly nullified. The great evil of the medical profession was its confusion; and if the bill in question passed in its present shape, it would make *confusion worse confused*: because it would legally establish two classes of practitioners—the registered and the unregistered; and the latter would be just as legally qualified to practise as the former. But Sir J. Graham asserted that the Bill did give protection. He said—"I give you—the registered—all the public appointments; I give you the poor-houses, the hospitals, the army and navy, &c., all of which are very honourable appointments."—True, but not very profitable; and as no man, nor set of men could live long upon honour alone, the matter of public appointments must be put completely out of the question. Then came the matter of private practice; and in this the unregistered would have just as good a chance as the registered. The unregistered practitioner would tell people he could cure them, caring little whether he did or not, so that he got the profit, and people would believe him. Poor deluded John Bull—easy, kind-hearted, unsuspecting, good old man—would never suspect that his neighbour would wrong him; and giving implicit credence to his assertions, would afterwards suffer for it. Thus the measure would be productive of much mischief. If A, or B, or C. asserted he could cure a man, when in reality he could not, and still were allowed to try, the lives of the public would be constantly in danger—therefore, it became necessary to the security of the public, that certain qualifications should be possessed by every man who might take upon himself the important office of a practitioner of medicine. Now, suppose a man possessing a certain amount of medical knowledge should establish a cheap medical school in the metropolis, there would soon be a number of scholars ready to go out to the provinces, and practice as others. What would be the consequence? They being only half educated, could afford to take lower fees, and thus at the same time injure the public and the registered members of the profession. These half-educated or *un-educated* men would have just as good a chance of success as those who had gone through an expensive course of study. This was no visionary speculation, but an event almost certain

to happen. But it had been said, that Sir James Graham gave the profession the advantage of doing away with foreign diplomas. The fact was, Sir James Graham's Bill made the diploma system worse than ever. A. B., an unqualified medical man, had only to write to certain parties, and a diploma might easily be got for £30 or £40; giving the unregistered physician just as good a chance as the registered. These were evils which, if pointed out to Sir James Graham, there was little doubt but that he would endeavour to obviate. They could not expect the evils to be entirely removed; the best police force in the kingdom could not entirely put a stop to the committal of crime, nor the revenue officers put an entire stop to smuggling, but they could *diminish* it; and it was the opinion of one of the greatest lawyers of the age, Sir Thomas Wilde, the late Attorney-General, that the evils he had just been complaining against, permitted by Sir James Graham's Bill, might be *diminished*, but not entirely removed. The medical gentlemen of Worcester had written to Sir Thomas Wilde, and they had with much pleasure received a letter from him, from which it appeared that he coincided entirely with the views of the Association. He would read the letter:—

"November 11, 1844.

Sir,—“I am honoured by your letter of the 8th inst., in reference to the bill introduced by Sir James Graham for Medical Reform. I beg you to assure the many and so highly respectable Members of the profession in Worcester and its neighbourhood, whose names are enumerated in your letter, that I shall pay the utmost attention to their views, and I have no doubt shall be found acting in accordance with their wishes.

It is not probable that I shall be in Worcester before the discussion of the measure in the ensuing Session, but if any deputation from Worcester shall visit London when such discussion comes on, I shall be most happy to confer with its Members.

“I have the honour to be, Sir,

“Your most obedient and faithful servant,

“THOS. WILDE,

“9, Serjeants' Inn, Temple.

“Dr. P. Henry Williams, Worcester.”

Now, this letter was a most important document, because it was from one of the greatest lawyers of the day, and showed that he saw no difficulty in the way of introducing a clause into Sir James Graham's Bill, for the purpose of restraining unqualified practitioners; and he hoped the Association would be able to carry out their views.

Dr. Hastings stated that he had now gone through what he considered the most important principles of the bill, both as to what appeared to him worthy the support of the Association, and what was objectionable. The great and leading defect of the bill was the want of legal protection. He had detained the meeting a very long time, but it was a very important occasion, and that must plead his excuse.

The Association had been formed not for any one

branch of the medical profession, but to unite the three branches, physicians, surgeons, and general practitioners more closely. The Association attended not to the interests of *one* class only, but to those of the whole. He wished on all occasions to maintain the dignity of the *profession*, not the dignity of this class or that class, but the honour and dignity of the great and noble profession to which they belonged. He would say this, that in Sir James Graham's Bill he could perceive the germ of a better order of things. Much of that bill every enlightened medical practitioner might approve; and it was deeply to be regretted that that approbation could not extend to the whole of the bill. But still when he looked at the kind feeling which had animated Sir James Graham on the question of Medical Reform, he considered there was much reason for hope, and they certainly stood on vantage ground. It had been the desire of the Council, ever since the formation of the Association, to maintain the honour and dignity of the profession, and to obtain order and regularity in what had been a dark, confused, incongruous mass. A brighter sun was rising upon them now; the dark cloud was about to be dispelled; and it was a proud day to him to think that, after the labours of twelve years, they had met together to witness the bright prospect opening upon them. There was one thing he much regretted on the present occasion—the absence of his late lamented friend, Doctor Barlow, who had long been a worker with himself in the important objects of the Association, and who would have been highly gratified to see the present state of their prospects. Let the members of the Association ever remember that they were united together as friends and brethren; let them continue animated by one spirit; and whatever might be the fate of the present resolutions, or of Sir James Graham's Bill, let them remain true to themselves, do their best to promote the advancement of medical science, and to alleviate the pangs of suffering humanity. He had great pleasure in moving the first resolution:—

“That the Association testify their satisfaction that a bill for the better regulation of Medical Education and Practice has been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions previous to its passing into a law.”

Mr. Soden, of Bath, rose to second the resolution. He considered much had been done by the Government for the medical profession; and he thought they were much indebted to Sir James Graham, not only for bringing in this bill, but for bringing it in at a late period of the session of parliament, giving ample time for the consideration of its details. Their worthy President had stated that there were great merits in the bill; he himself believed that the establishment of a Council of Health was the most important and beneficial measure ever proposed for the government of the medical profession. He thought there ought to be some restriction, however, as to the practice of

unqualified practitioners; otherwise the bill would be somewhat similar in its operation to the assertion of the vendor of certain quack medicines, that he could render harmless the viper's bite. He had great pleasure in seconding the resolution which Dr. Hastings had proposed.

The Chairman, having put the resolution to the meeting, asked if any gentleman wished to make any remarks?

Mr. Martin, of Reigate, rose, and offered some observations, many of which, from the position in which he stood, and the low tone in which he spoke, we much regret were lost. He was however understood to say, that he dissented from the opinion held by some, that the proposed Council of Health should have the power of licensing practitioners;—and he should recommend the general practitioners of this kingdom to be satisfied with no measure which did not give the examination of licentiates, and the granting of licenses, entirely into their hands. He said this out of no disrespect to the physicians and surgeons; but it was his firm conviction that if the licensing of general practitioners were not left to the general practitioners themselves, that class of the profession would in the course of a few years be quite destroyed. (No, no.) But he felt sure it would be so; and he thought it right to say, that the Apothecaries' Company ought to be the examining body. They had been long and undeservedly abused, and he hoped the time was coming when they would be respected as they ought to be. There were three points which he hoped to see introduced into Sir James Graham's bill before it passed into law; and these points he should embody in an amended resolution on the present occasion. They were, first, the doing away with all previous Acts of Parliament on medical affairs: second, the doing away with the erroneous constitution of the Council of Health; and, third, that the examination and licensing of general practitioners be left in the hands of men of their own grade. These were the three points to which he wished to draw particular attention. No solicitor, as was well known, could act without being duly qualified. Was the law, then, of more importance in the eye of the Legislature, than the lives of our fellow creatures? Even the manufacturers of silver plate must be duly qualified, and no man dare pilot a ship down the river without having been previously examined as to his qualification; and only the other day, as it were, an Act was passed which made it unlawful for a man to act as a surveyor without having been previously examined, and pronounced duly qualified. If such men as these must not act without having passed an examination, was it reasonable to allow unqualified or unexamined persons to act in the important science of medicine? Certainly not. Such persons were now called *quacks*; and if in future such practice were legalised, medicine would be altogether a *literal* quackery. Mr. Martin then eulogized the Apothecaries' Company in strong terms, stating that he thought the granting of licenses to practitioners ought to be left entirely in their hands; and concluded by moving an amended resolution which embodied the three points to which he had previously drawn attention.

"That the Association testify their satisfaction that the Bill for the better regulation of Medical Education and Practice, so long expected, has at length been laid before the House of Commons, and that opportunity is afforded to the members of the medical profession for considering its provisions.

"That while thus expressing their satisfaction that the subject of medical polity and education has been brought before the Legislature, the Association consider the present bill to be so objectionable in many of its provisions, that it were far better, both for the profession and the public, that medical legislation remained as at present, than that this bill should pass into a law.

"That the Association view with alarm and deep regret, that part of the bill which proposes to abolish all restriction in the practice of medicine, by unqualified and unlicensed persons; and that although there may be reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, yet the Association are of opinion, that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint adopted.

"That the Association approve of the formation of a Council of Health and of Medical Education, if properly constituted; but are of opinion that the Council, as proposed by the bill, would neither possess, nor deserve, the confidence of the profession. Being composed exclusively of physicians and surgeons, it would neither represent the interests, nor express the wishes, of the great body of medical practitioners throughout the kingdom.

"That the proposed removal of the superintendence of the education of general practitioners, or licentiates, from a body emanating from their own class to the Colleges of Physicians and Surgeons, is calculated to excite great alarm in the minds of general practitioners, as they cannot but apprehend, as the result of such removal, the introduction into the profession of a body of licentiates possessing an inferior degree of attainment, and the consequent depreciation of their class in public estimation.

"That, moreover the cordiality and good feeling which ought to exist between the different classes of practitioners in medicine, and which are essential to their usefulness to society, cannot be maintained unless these classes, which have been created by the public wants, are independent of each other, in their educational and internal arrangements.

"That, the Association approve of those parts of the bill which propose to establish a uniform standard of education and qualification, and the right to practise by all qualified persons without respect to local privileges, provided such uniformity is not attained by a depreciation of the standard of knowledge.

"That as the Association consider the defects in the present bill to be of the greatest importance, they will strenuously oppose any bill which may be introduced in the next or in a future Session of Parliament, which may contain similar provisions; but will give their earnest and cordial support to a bill which may provide for the wants and safety of the public, and respect the just rights of all classes of the profession.

"That, as it is to be presumed, that Sir James

Graham would wish to be informed of the opinions of the profession respecting his Medical Bill, a copy of these resolutions be forwarded to him."

Mr. Stedman, of Guildford, seconded the amendment.

Mr. Husband, of York, thought that the general practitioners should have some share in the examining of licentiates of medicine, and granting the license for general practice, though it would not be well to leave that power entirely in the hands of the Apothecaries' Company, as had been before spoken of. He regretted that he was obliged to leave the meeting, but before doing so begged to express his concurrence in the resolutions sanctioned by the Council as those to be brought before them.

Mr. Johnson, of Derby, said he had derived much pleasure from the eloquent speech of Dr. Hastings, and in many points he quite agreed with him; but he differed from him in the remarks he made respecting the necessity of the protection of the legislature for the medical profession. He was himself anything but an abolitionist with regard to protection in a general way, but in this instance the case was different, and he differed from Dr. Hastings on that point. But what were the real facts of the case? He asserted that Sir James Graham's Bill *did* give protection—not affirmative protection, perhaps—but still it gave negative protection. It was assuredly strong negative protection that unregistered persons were disqualified from taking appointments in the hospitals, the poor-houses, the army and navy, &c. Dr. Hastings had said that the appointments in the public hospitals, and other institutions, were most of them merely appointments of honour, returning little or no profit. He should think, at any rate, the doctor forgot the army and navy. Then, again, did Dr. Hastings suppose that a well-educated man, having passed through the higher branches of knowledge could be such a good, kind-hearted, easy fool, as he had represented poor John Bull to be? For his own part, he should be sorry to say so in the presence of such a company of gentlemen as the present! Mr. Johnson then referred to the frequent practice of the druggists in prescribing and making up medicines; and stated that it was his opinion they did more mischief than all the quacks and other unqualified persons put together.

The Chairman then put Mr. Martin's amendment to the meeting, which, was not approved, only one hand being held up in favour of it, and the original motion was then put, and carried almost unanimously.

Dr. Williams, of Nottingham, briefly expressed his concurrence in the resolutions read by the President of the Council, and concluded by moving—

"That this satisfaction is increased by observing, that an approach to a uniform standard of education and qualification, and the right to practice by all qualified persons, without respect to local privileges—principles for the recognition of which the Association has on various occasions contended, and especially in petitions to the Legislature, and memorials to her Majesty's Government,—are two of the great leading principles of the measure."

Mr. Douglas Fox, of Derby, seconded the resolution. He approved of the general provisions of the bill of Sir James Graham, and thought that a large debt of gratitude was due to him for the interest he had taken in the welfare of the profession. But at the same time there were several points in the bill which required amendment. He would not particularize them, however, for he so nearly coincided in what Dr. Hastings had said, that he felt it unnecessary to do so; but he might state that it was his opinion quack practices could not be put down, nor could the druggist be prevented dispensing and prescribing his medicines; still something ought to be done to prevent persons practising in the profession who were not duly authorized. However strange it might appear to some, there were many persons in existence in the towns and villages of England who absolutely required protection in medical affairs; who, through gross ignorance, or some other influence, employed unqualified men in preference to others. He would mention one glaring instance of this kind, which happened under his own knowledge, not a very long time since. An unqualified person was sent for by a woman who was exceedingly ill; he went; the case turned out to be a case of abortion; and this unqualified practitioner acted with such ignorance that the woman died in the course of a few minutes. An inquest was held at his own instance over the body; the result was a verdict of manslaughter given against the "practitioner," and he was committed for trial. He was, however, bailed out; and then came the pith of the whole affair—he returned to the same town, and, before his trial, was actually sent for by several women to attend them during their confinement, in preference to regularly qualified men!!! It might be said, if John Bull was such a fool as this, why let him suffer for his folly. But it was much better that the public should be altogether protected from such mischievous practitioners; at any rate, such protection would prevent a large amount of mischief being done. He would strongly recommend that some short, easy, and unexpensive plan should be devised for proceeding against those persons who practised without being qualified, and perhaps, by such means, they might succeed in a great measure in remedying the evil so justly complained of. He had great pleasure in seconding the resolution.

The resolution was carried unanimously.

Mr. Hey, of Leeds, then rose, and moved the third resolution,—

"That further to ensure the object of a sufficient uniform primary qualification for every medical practitioner, without which the equal right to practice every department of the profession ought not to be conceded, it seems desirable that the diploma of Licentiate of Medicine should be required of all who may hereafter propose to enter the profession, and previously to their being entitled to claim admission to register in any other grade."

He could not imagine this resolution would meet with opposition from any party. The concluding terms of it recognised different grades of the profession; and as the access to higher grades ought only to be ob-

tained through the lower, this resolution was highly necessary.

Dr. Baker, of Derby, seconded the motion; and he did it with much pleasure, because it would tend to secure to young men a sound medical knowledge, which was more than anything else wanted in the profession at the present day. Young men in the hospitals were generally more attentive to their surgical than to their medical duties, and he thought this resolution would tend to cause them to obtain a sound knowledge of medicine as well. He had pleasure in seconding the resolution, which was carried unanimously.

Dr. Edwards, of Chester, moved—

“That these principles, if carried fully into effect, would confer a great benefit on the profession and the public, in the removal of many existing evils; and that, in thus providing the public with a supply of fully qualified medical practitioners, the Association are of opinion the Government would do much towards the remedy of abuses of which, for a long time past, there has been great reason to complain.”

He thought Sir James Graham's Bill, with a little alteration, would do much good. It would be seen, if its good and evil points were set, as it were, in battle array, that the good points very much preponderated. He attached much importance to the bill on another account, namely, its having been introduced into the House of Commons by a minister of the Crown; and he thought the best thanks of the profession were due to Sir James Graham for his kindness towards them. He had much pleasure in moving the resolution he had before read.

Dr. Hutchinson, of Nottingham, seconded the resolution. He wished to ask Dr. Hastings whether, in the event of Sir James Graham's Bill passing into a law, all physicians and surgeons would become fellows of their respective colleges immediately on their being registered? If so, he thought it would be the means of the removal of much ill feeling which had been brought into the profession by the ill conduct of the College of Surgeons. Dr. Hutchinson then proceeded to speak in strong terms of the practice of vending quack medicines, and stated his opinion that some stringent measure ought to be brought forward to put a stop to it. In Nottingham alone many persons suffered from their deleterious effects; and this was especially the case with infants. Mothers and nurses bought great quantities of “Godfrey's Cordial,” to give to them, in many cases whilst they themselves went out to work, or elsewhere; and it appeared, from statistical evidence, that very many infants were poisoned by that “Cordial” every year. One individual stated in evidence that he himself bought 1300 cwt. of treacle annually for the purpose of mixing with other ingredients in the manufacture of this “Godfrey's Cordial.” Surely this state of things required some measure of protection; and those who were the authors of the mischief should be punished.

Dr. Hastings, in reply to the question of Dr. Hutchinson, said that the 18th clause of Sir James Graham's Bill (the clause was read, together with the opinion of Dr. Davies, of Hertford, on the subject,

published in his pamphlet on the bill) would satisfactorily answer his query.

Dr. Hutchinson had some doubt about it. He thought the clause was obscure.

The resolution was carried unanimously.

Mr. Teale, of Leeds, moved the next resolution—

“That the Association view with alarm and deep regret that part of the bill which proposes to abolish all restriction in the practice of medicine by unqualified and unlicensed persons; and that, although there may be some reason to doubt the practicability of altogether preventing unlicensed practice by general enactment, the Association are of opinion that the illegality of such practice should be unequivocally declared, and some simple and effective means of restraint be adopted.”

At the same time he expressed his concurrence in the general provisions of Sir James Graham's Bill, with the modifications proposed in the resolutions laid before them by the Council.

Dr. Heygate, of Derby, seconded the resolution. He cordially approved of what had fallen from Dr. Hastings; and without entering into details, he thought that with the single exception mentioned in the resolution, Sir James Graham's Bill ought to receive the, he had almost said unanimous, approbation of the whole medical profession.

Mr. Jackson, of Sheffield, thought that some strong clause against the vending of quack medicines should be introduced into the bill, and he was much surprised that Sir James Graham had entirely overlooked that subject. He had, however, written some short time ago to Sir James Graham on the subject, and had since received a letter from him, stating that it should receive his best attention. Mr. Jackson condemned the system of illegal practice and the exhibition of quack medicines, in strong terms, and mentioned a case which had occurred in Sheffield, in which a child had been poisoned by the administration of phosphorus.

The resolution moved by Mr. Teale was then put and carried unanimously.

Mr. Terry, of Northampton, moved, and Mr. Poyser, of Wirksworth, seconded:—

“That while the Association approve, with this exception, the general spirit and principles of the bill, they feel that in various details it may be desirable to introduce certain changes and modifications, which would improve the general efficiency of the measure, and tend materially to facilitate its practical application.”

The resolution was carried unanimously.

Mr. Ceely, of Aylesbury moved—

“That while the Association is sensible of the advantages which the Profession will derive from a direct connection with the Government, they cannot but consider the proposed constitution of the ‘Council of Health’ as deficient in affording no express representation, either of the Physicians and Surgeons resident in the provinces, or of the great body of general practitioners throughout the country.”

He did not agree with the whole of what had been said by preceding speakers in reference to the merits of Sir James Graham's Bill; he thought there was a glaring defect in the constitution of the Council of Health, and he thought no measure would be really satisfactory unless the whole body of general practitioners were incorporated. Mr. Ceely proceeded to make some remarks on an addition to the motion, declaratory of the powers to be intrusted to the Council of Health, which he wished to submit to the meeting, but as there was some question, whether it would not be better that the proposed addition should not be introduced as an amendment, rather than as a rider upon the original resolution, and the sense of the meeting was evidently against it, as going too much into detail, Mr. Ceely withdrew his proposition, and contented himself with moving the original resolution.

Dr. Brigstock, of Derby, seconded the resolution, having been requested to do so by Mr. R. Hey, of York, who had undertaken it, but had been unable to remain.

The resolution was then put and carried unanimously.

Mr. Wright, of Derby, moved, and Mr. Turton, of Sheffield seconded—

"That some provision ought to be made, either in the bill or in amended charters to be granted to the Colleges of Physicians and Surgeons, for a more direct acknowledgment of the representative system in the councils or governing bodies of the corporations."

The resolution was carried unanimously.

Dr. Streeten said that the resolution which he held in his hand would have been moved by Mr. Husband, of York, who however had been compelled to leave the meeting, and had deputed him to move the resolution in consequence. After the exposition given by the President of the Council of this as well as of the other resolutions, it was unnecessary for him to do more than read the resolution to the meeting:—

"That in the absence of any provision for the admission of the general practitioners into a participation on terms honourable to that body in the corporate privileges of either of the Colleges of Physicians and Surgeons, it appears essential to the well-being of this numerous and influential body, as well as beneficial to the public interests, that they should be incorporated together, and that the interests of such corporation should be adequately represented in the proposed Council of Health."

Mr. Jackson, of Sheffield, seconded the motion, which was carried unanimously.

Mr. Thomas, of Sheffield, moved—

"That the best thanks of the Association be conveyed to the Right Hon. Sir James Graham, Bart., for the trouble and attention which he has bestowed in the preparation of this Bill, accompanied by a copy of the foregoing resolutions, and an expression of the hope entertained by the Association, that the measure may be, at an early period of the ensuing Session of Parliament, brought under the consideration of the Legislature, and with such amendments

as shall be necessary to render it acceptable to the great body of the profession and beneficial to the public, finally passed into a law."

Mr. Evans, of Derby, seconded the motion, which was carried unanimously.

Mr. Crang, of Timsbury, moved—

"That a copy of the resolutions be also forwarded to the Right Hon. Sir Robert Peel, Bart., the present head of her Majesty's Government."

Mr. Daniell, of Newport Pagnel, seconded the motion. Much had been said by preceding speakers respecting the poor being duped by the vendors of quack medicines,—but he thought the dealers in quackery were much more encouraged by the rich than the poor, and he instanced the practices of Whitlaw, St. John Long, and others. The patrons and patronesses of these quacks were to be found in the aristocracy—dukes, duchesses, &c. They set the example, and how could they blame the poor for following it? There was not much matter of surprise in the ignorant and unlettered poor being duped by the artifices of quackery when the enlightened aristocracy themselves fell victims to them.

The resolution was then put, and carried unanimously.

Mr. Elkington, of Birmingham, moved—

"That the preceding resolutions be recommended to the consideration and adoption of the several Branch Associations and Local Councils, and that the Members of the Association generally be requested to impress their representatives in Parliament with the importance of giving their best attention to the subject."

Mr. Garlick, of Leeds, seconded the motion, which was carried unanimously.

Mr. Martin, of Reigate, moved—

"That the following petition embodying the resolutions passed at this meeting be presented to the House of Commons, and a similar one to the House of Lords; and that the Branch Associations and the Local Councils be recommended to adopt similar Petitions."

He then read the petition, expressing his approbation of its contents, and recommending its adoption to the meeting:—

PETITION TO THE HOUSE OF COMMONS.

"That your Petitioners hail with satisfaction the introduction of a Bill for the better regulation of Medical Practice into your Honourable House during the last Session of Parliament.

"That in the event of the re-introduction of such Bill during the present Session, your Petitioners trust that your Honourable House will see fit to enact such provisions as shall require from all persons, hereafter entering the Medical Profession, a sound education in all departments of medical science, and a uniform and efficient primary qualification for Medical Practice in all its branches.

"That none other but those so qualified shall receive legal licence to practice medicine, or be permitted to register as Medical Practitioners; and that for the

better ensuring the carrying into effect of these provisions, for the protection of all those who comply with them, and for the especial benefit of the community, none but those so duly qualified, legally licensed to practise, and registered as such, shall be permitted under sufficient and readily enforced restrictive provisions to practice medicine or any of its branches, whether in private or in public.

"That as tending to the due consolidation and government of the profession, your Petitioners highly approve of the establishment of a Supreme Council of Health and Medical Education, and of the connection of the profession, through the medium of such Council with the Government, but they trust that in the constitution of such Supreme Council of Health and Medical Education, your Honourable House will see fit to provide for a sufficient representation of the interests of Medical Practitioners of whatever denomination or grade, and that you will take into consideration the claims of the numerous body of General Practitioners, and of the Physicians and Surgeons resident in the provinces, to some share in the deliberations of the governing body."

Mr. Fearn, of Derby, seconded the motion, which was carried unanimously.

Dr. Hastings moved and Dr. Streeten seconded—

"That the best thanks of the meeting be given to Dr. Heygate and the Members of the Association resident at Derby, for the excellent arrangements made to promote its objects."

Mr. Soden, of Bath, moved, and Mr. Terry, of Leeds, seconded—

"That the thanks of the Meeting be given to the Mayor of Derby, for the use of the Town Hall."

Mr. Soden, moved, and Dr. Baker, of Derby, seconded—

"That the cordial thanks of the meeting be given to Dr. Robertson, for the manner in which he has conducted the business of the day."

A vote of thanks was also passed on the motion of Dr. Edwards, to Dr. Cowan, of Reading, for his zealous and unremitting exertions in the exposure of quackery.

After the special business of the meeting had been gone through, Mr. Martin, of Reigate, read a communication from the committee appointed at Northampton to consider the means of providing sound preliminary education for the sons of medical men. The substance of this communication we shall hope to lay before our readers on a future occasion.

LETTER FROM J. H. JAMES, ESQ., EXETER, TO DR. ROBERTSON, PRESIDENT OF THE ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

A few days before the special meeting at Derby, I received from Mr. James, of Exeter, one of our most valued Vice-Presidents, the following important letter. Being anxious to lay before the Association the enlightened views it contains as to the probable effects of

Sir James Graham's bill upon the class of General Practitioners, I had intended to read it at full length to the meeting, but the time was so completely absorbed by the special business on which we met, that I was obliged to content myself with briefly stating the purport of his observations. They are, however, so weighty, that I think they ought to be fully made known through your journal, as extensively as possible.

Since the date of Mr. James's letter, the Apothecaries' Company have published an address inculcating a similar view of the working of the bill to that which had occurred to Mr. James. This independent testimony to the same effect, coming from two different sources, seems to confirm the reality of the danger pointed out.

I am, Sir,

Yours faithfully,

A. ROBERTSON.

Northampton, Nov. 16, 1844.

My dear Sir,—I regret that it will not be in my power to attend the meeting at Derby, but as I fully concur in the propriety of calling it, I do not think it right, after having had the honour of filling the situation I once occupied in the Association, over which you now so ably preside, to be perfectly silent when the great question of legislative enactment in the medical profession is to be finally mooted.

Of the matters which are to be considered in the bill of Sir James Graham, there are many which may be, and I doubt not will be, better regulated at some future time; and as no paramount evil would arise from their not being pressed at this moment, I should hardly think it would be wise to lessen the force of an appeal to the Legislature, on the most important point before us, namely, the necessity of preventing, if possible, the direct encouragement given by this bill to *practice with inadequate qualification*. That in reality will be its most important effect, and I cannot suppose, that if the matter were represented to the Legislature, in this, its true light, the bill could be carried through Parliament in its present shape.

It should appear that the question is put before the country, and too much considered both by persons in and out of the profession, as if it were the encouragement of *quackery*, contemplated by the proposed repeal of protecting enactments; or, the allowance of unlicensed practice, as now existing. If this were so, I should agree with its framers, and with the Edinburgh College of Physicians, that the attempt to suppress would be vain, but the real danger to be apprehended is this, as I conceive—

1st. That if young men, in the course of their education, be allowed to think, that, failing to acquire sufficient information to pass their examinations, they might freely practice *without* doing so, the inevitable result would be, that a great many would become negligent, and the object of the bill, which *proposes* to improve medical education, would be defeated by its own enactments.

2nd. A large number of young men would henceforward be purposely educated at small expense, and

imperfectly, to practice as they best might; thereby re-establishing the Apothecary of the last century. As Sir Robert Peel forcibly observed long since on the currency question, "that the guinea would not exist by the side of the one pound note;" so it would not be many years before the well-educated general practitioner disappeared under such discouragement. The closing the doors of public institutions against this class of practitioners would be nugatory. The old apothecary was not admitted, but thrived notwithstanding.

The question, it appears to me, is now viewed according to its *present* bearing, rather than to its *future* effects; but this is not the true way of viewing it. The practice of druggists, (which surely ought not to be encouraged however,) and the continuance of vulgar quackery, are a mere nothing in comparison to the evil which would result from turning aside the present comparatively sound system of medical education, and admitting an unlimited class of half-educated practitioners.

It were much to be wished that Sir James Graham had proposed as a preliminary measure to his bill, the formation of a Council somewhat similar to that which he now intends to be perpetual. Unlike the former committee of the House of Commons, it would have consisted of well selected members of the profession, and intelligent men who were *not*. Like the Ecclesiastical Commission, it might have obtained the requisite information, and every class of practitioners in the provinces as well as in the metropolis, might have been heard, before a change of such important influence on their future interests were determined on. He would then have obtained the gratitude of the profession, not only for endeavouring, but for accomplishing its lasting good; as well as that of the public at large inseparably united with it.

I must not occupy the valuable time of the meeting more at length, but if you think the observations I have offered of any value, you will probably bring them under notice, as I do not see them expressed, at all events very clearly, elsewhere.

I remain, my dear Sir,

Very faithfully yours,

J. H. JAMES, V. P.

Exeter, Nov. 8, 1844.

P.S. Since the above was written, I have received this day, the circular from Dr. Streeten. The resolutions to be proposed are, with little exception, very proper, but neither they, nor any others I have seen, set out the *chief grounds* for objecting to the opening medical practice to all, without bar.

SHEFFIELD MEDICAL SOCIETY.

THIRD MEETING, OCT. 31.

The President in the Chair.

NITRATE OF SILVER IN BED-SORES.

The President recalled to the recollection of the Society a paper which he had read in a former session, on the treatment of bed-sores by nitrate of silver. Since the last session he had seen, through the kind-

ness of a friend, the same mode of treatment recommended by Dr. Graves, who stated that he derived it from Mr. Kirby, of Dublin, in a clinical lecture at the Meath Hospital, in the Session 1832-3, reported in *Ryan's Medical Journal*, March 2, 1833. He had not seen this before, and does not find it in Dr. Graves' collected clinical lectures, and took this opportunity of giving the merit to those who were justly entitled to it.

FUNGUS HÆMATODES.

He then exhibited a preparation of a fungus hæmatodes, arising in the antrum, and passing into the mouth, of a woman, from the country. Its growth had been very rapid, and it had been at first thought by the patient to be a gum boil, to which she had been subject. The hæmorrhage had been very frequent, and to a great extent, so much so as to produce very great exhaustion. It was determined to tie the carotid as a preliminary step to the removal of the fungus, but the system was so prostrated that the removal was not attempted, and the patient died in three hours after the artery was tied. The antrum was completely filled by the fungus, which passed outwards, and then turned inwards, filling the palate, and rested on the tongue, impeding deglutition and speech. The floor of the orbit showed the commencement of absorption, and the sella turcica also presented the appearance of disease.

PERFORATION OF THE ILEUM.

Dr. Favell exhibited a portion of the intestine taken from the body of a young lady, aged 18 years, who died a few days previously of severe and extensive peritonitis, induced by perforation of the ileum. The patient had been in delicate health for a considerable time, and had suffered from three attacks of low fever within a comparatively short period. She appeared to be gradually recovering from the last attack, when, on the 23d of October, she was suddenly seized with severe abdominal pain, sickness, and other symptoms of peritoneal inflammation; she died after much suffering during the night of the 26th. On examining the body after death, the whole of the peritoneal covering of the intestines was observed intensely injected, and the convolutions were adherent by coagulable lymph. The pelvis contained a small quantity of fluid fæces; large patches of deep ulceration were observed in the lining membrane of the ileum and cæcum, and two perforations, each about the size of a split pea, were observed in the former intestine, about six inches from its junction with the latter. The omentum was in a state of sphacelus.

Mr. Ray afterwards gave a more detailed account of the previous history of the case.

ANEURISM OF THE ABDOMINAL AORTA.

Dr. Branson exhibited a specimen of aneurism of the abdominal aorta, taken from an infirm patient, aged 33, a table-blade forger, of intemperate habits, who died suddenly on the 23d of October. The aneurismal tumour originated nearly opposite the point where the celiac artery is given off; the sac was of considerable size, and embraced four of the vertebræ, the bodies of which were deeply excavated. The sac itself was ruptured in two places, and more than a quart of coagulated blood was found between the peritoneum and the muscles; the left kidney was buried in the clot. The man continued at his employment till

within five weeks of his death, and complained only of slight symptoms of nephralgia. The case was instructive, as showing how great may be the amount of mischief, and how comparatively trifling the symptoms.

Dr. Branson also exhibited the anterior walls of the thorax, taken from the same patient, and which presented a curious congenital malformation; the sternal extremity of the third rib on the left side was wanting for the space of four inches, and the fourth rib was completely separated from its cartilage; the vacant space was occupied by a strong tendinous expansion. Through the centre of the sternum also there was an opening the size of a sixpence. The man had never received any local injury.

FRACTURED SKULL.

Mr. Thomas exhibited a portion of the skull of a child, who had been knocked down and trampled upon by a horse. The appearances during life were very slight, merely presenting the puffiness so constant in injuries of the scalp; but on inspection after death, which occurred a few hours after the accident, a very considerable fracture, with depression, was found of the parietal bone, just at its junction with the occipital, by which the lateral sinus was ruptured.

Mr. Law exhibited a portion of skull taken from a man who had fallen from a considerable height, in whom the symptoms were exceedingly slight, and who lived for some days. On examination, *post-mortem*, a fracture was found extending from the squamous portion of the temporal bone of one side, in almost a straight line across the ethmoid, to the squamous portion of the other. The dura mater was lacerated, which appeared to bear out the opinion of Mr. Overend, in whose practice this case occurred, that in cases of compression the symptoms were alleviated by relieving the tension of the dura mater.

OVARIAN DROPSY.

Dr. Favell then proceeded to introduce the subject of ovarian dropsy for the evening's discussion. He stated that it was far from his intention to read an essay on this interesting and important topic, which would require a volume rather than such a communication as could be laid before the meeting. He preferred relating to the Society two cases which had recently fallen under his own observation, and drawing some general inferences from them.

The first case was that of a young woman, aged 20, who was tapped four times. The interval between each operation gradually diminished; the period between the first and second being six months, and between the third and fourth only three months. She was generally discharged and made an out-patient on the tenth day; but a few days after the fourth tapping, she was seized with severe peritonitis, of which she died. Dr. Favell exhibited the ovary, which he had removed after death. It consisted of three compartments; two of which, nearly equal in size, and having no communication with each other, contained a quantity of darkish-coloured fluid, whilst the third, considerably smaller than the other two, was filled with gelatinous matter.

The second case was that of a young lady, who was twice tapped, but ineffectually, in consequence of the contents of the sac being of the consistence of jelly.

After the second operation the opening was enlarged by a scalpel, and several pounds of gelatinous matter escaped. The patient was greatly relieved by the operation, but ultimately died of exhaustion. After death the body was examined and an immense quantity of gelatinous matter varying a little in consistence, was removed from a large multilocular cyst. It is remarkable that, in this case, the sense of fluctuation was so extremely and delicately distinct, on even the slightest percussion, whilst the entire contents of the ovarian cavity were such as have been already described.

After detailing the particulars of the above cases, Dr. Favell proceeded briefly to point out the method of diagnosing ovarian dropsy from ascites, especially where the latter is complicated by abnormal shortness of the mesentery. He dwelt also on the difficulty of determining whether a cyst is unilocular or multilocular, as well as on the difficulty of ascertaining the nature of the contents, in some cases, previous to operation. Dr. Favell subsequently briefly reviewed the various methods of treatment, medical and surgical, which have been recommended, stating at the same time the results of his own experience; and concluded by a statistical account of the result of seventy-four cases in which the operation of removal has been performed.

CONDUCT OF THE POOR-LAW COMMISSIONERS: MR. DESHON'S CASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The flagrant case of injustice, published in your Journal of November 6th, of the Poor-Law Commissioners, *versus* the medical profession, in the person of Mr. Deshon, is only one of the few misdeeds, comparatively, out of the many that have been brought to light, of that tyrant trio, but from these it is quite manifest what their future intentions are in regard to medical officers of unions. I will not occupy your valuable space by any lengthened remarks, but being unfortunately, from situation, medical officer to a district under the Poor-Law, I do not know how soon Mr. Deshon's case may be mine, now that the Poor-Law Commissioners arrogate to themselves the office of medical jurors, and come to conclusions opposed to the most eminent in the profession. What man's character is safe, when, if two opinions prevail, and a person should be unlucky enough to adopt the one not in favour with the Somerset House *Infallibles*, or their masked adviser, (and how is he to know?) some *Jacobite* Guardian, (and who is without a friend of the kind?) finds fault with his treatment, or the number of his visits? The certain result will be, a censure for his ignorance or inattention, for it seems more than probable that these *puisse* despots have no opinion until a medical officer is complained of, when their course becomes at once obvious. If otherwise, *why* do they not, as a climax to their folly, issue, for our enlightenment, a scale of attendances demanded in the numerous accidents and diseases which human flesh is heir to, and the quantity of medicine with which each case must be dosed? for, by their late decision, and a former one, (a case of homœopathy,) there must be a certain number of visits, and *no small quan-*

city of physic given. The kind, quality, or strength of course, is quite immaterial, or we should have been favoured with their lucid ideas on the subject. Accuracy of judgment, combined with the highest attainments are matters quite of secondary consideration; quantity of attendance, and quantity of physic being in their estimation the great desiderata in medical and surgical practice.

In the early part of my life, I attended a vast many cases of fractures, and frequently of the femur, and speaking in round numbers, at least two thirds were not seen daily after the fourth day; nor have I found it necessary to alter the plan in later years, and henceforth, if I do not deem it needful, I shall not alter my system, although the Commissioners "are advised that a fracture of the thigh requires a fortnight's daily attendance," but prefer receiving an order of dismissal, to submitting to an impertinent dictation in the course of my official duties.

I think, Sir, the time is arrived, when, for mutual protection, it becomes our bounden duty to take measures for correcting the headlong course of the Commissioners in their insolent and overbearing acts of aggression on the character and prospects of isolated members of our profession, and I shall be most happy to see some suggestions offered for the accomplishment of what, if omitted now, will ere long force itself upon the attention of the great body of practitioners. Would not an address of sympathy to Mr. Deshon, and an approval of his conduct, do much to set him right with his neighbours, and counteract the effect of the unjust admonition of the Commissioners; or why should not a remonstrance be addressed to them, which would have its weight in public opinion, if it failed to have its due effect with themselves?

I am, Sir,

Your obedient servant,

M.R.C.S.

November 7th, 1844.

SHEFFIELD PETITION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Since some of your readers may be staggered by the petition which you have inserted in your last number, and headed "*Sheffield Petition*," I beg to observe that what appears in your Journal of the 13th inst., is not the petition which was adopted at a public meeting of the profession, convened by circular, and held at the Cutler's Hall, on Wednesday, October 16th, 1844.

At that meeting a petition was adopted, which, whilst it expressed approval of many parts of the bill recently introduced into Parliament by Sir James Graham, was, nevertheless, equally decisive in condemnation of those portions which remove all existing restrictions without substituting some means by which the practice of unqualified individuals may be prevented.

A very small minority of those present at the meeting opposed a resolution on which this latter clause of the petition was based, and when they found themselves outvoted, instead of submitting to the decision of the majority, they secretly got up a

counter-petition, which they have since industriously carried about from house to house, amongst the members of the profession resident in the town and neighbourhood, for the purpose of obtaining signatures.

In the paragraph which precedes the petition in your Journal, we are informed that the petition itself "has already received the signatures of a very numerous and influential body of the regularly educated practitioners of medicine and surgery." I have no means of knowing how far this statement is correct. It is perhaps to be regretted that the names of the petitioners were not published, in order that the profession might be able to appreciate the amount of influence, which in this neighbourhood is exerted in behalf of quackery and imposture.

I am, Sir, yours, &c.,

CHARLES F. FAVELL, M.D.

Sheffield, Nov. 13, 1844.

MEETING OF PHYSICIANS AT NORMANTON.

At a meeting of Physicians practising in York, and the West-Riding of Yorkshire, held at Normanton, on Thursday, the 17th of October, for the purpose of adopting a Petition to Parliament, on the subject of Sir James Graham's Medical Reform Bill; Dr. Belcombe, of York, in the chair: it was determined that the following Petition be presented to each House of Parliament:—

"The Petition of the undersigned Physicians of York, and the West-Riding of Yorkshire, adopted at a Special Meeting held at Normanton, on the 17th of October,

"HUMBLY SHEWETH,

"That your Petitioners received, with the liveliest satisfaction, the announcement that a bill had been introduced into your Honourable House, under the powerful auspices of her Majesty's Government, for the better regulation of Medical Practice throughout the United Kingdom.

"That your Petitioners highly approve of those parts of the bill which recognize the preservation of the different classes of Medical Practitioners, and which at the same time provide uniformity of qualifications and equality of privileges, amongst all practitioners of the same class in the three kingdoms.

"They also fully admit the necessity, in any scheme of Medical Reform, of some central and controlling body, as the proposed "Council of Health," for the responsible government, and harmonious operation of the several medical establishments.

"That your Petitioners concur with that principle of Sir James Graham's Bill which secures the integrity of existing medical institutions, but does not preclude such future changes in their internal government and organization, as may adapt them to the increased intelligence and just requirements of the profession.

"That believing that the Universities of the United Kingdom are fully competent to ascertain the amount of scientific knowledge and professional acquirements of those who are candidates for medical degrees, they pray, that you would withdraw that clause of the proposed bill, which renders it imperative, that all persons who have graduated in medicine in one of the Univer-

sities of the United Kingdom, should also be examined by a College of Physicians, a requirement unnecessarily complicating, without affording greater certainty to, the tests of professional competence, diminishing the real value and respectability of the honours conferred by the Universities, and involving an undue concession to the several Colleges of Physicians.

"That in order to secure the advancement of the professional qualifications of that class of practitioners to which your Petitioners belong, they pray, that all candidates for registration as physicians, should be required to give satisfactory proof of their having applied themselves to medical studies, during at least seven years, and of having attained the age of twenty-seven.

"That your Petitioners approve of all legislative discountenance of illegal practice, but humbly suggest, that an inquiry be made into the operation of the laws now enforced against such practice in foreign countries, and in the United Kingdom.

HULL MEETING.

Dr. Cooper presents his compliments to the Editor of the *Provincial Medical and Surgical Journal*, and begs he will have the kindness to make the following correction in the report of the Hull Meeting:—The Petition, unanimously adopted by the meeting, embraces only the three first resolutions; the fourth, which has reference to the constitution of the Council of Health, has been, with the consent of the mover, embodied in a separate memorial.

Hull, Nov. 14, 1844.

INDIAN REMEDY FOR BOWEL COMPLAINTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A correspondent in your Journal of the 30th of October, makes some inquiries respecting a fruit used by the natives of India, in diarrhoea, and which his informant calls "gorbus," and says resembles "a pear in shape and size." May not the fruit alluded to be the *Peidium pomiferum*, belonging to the natural order Myrtaceæ, and one of the species of "Guava." Its properties are astringent and stomachic, and it is I believe used medicinally by the natives of tropical climates.

I am, Sir, your obedient servant,

M. D.

Isle of Wight, Nov. 13, 1844.

The *Peidium pomiferum* is a native of South America, Mexico, and the West Indies, but is found also in different parts of India, where it is presumed to have been introduced, though it is said to be indigenous in Cochin-China and the Moluccas. The guava is frequently used by the private soldiers in the West Indies, as an astringent in dysentery, diarrhoea, and bowel complaints generally, and we may add, as we are given to understand, surreptitiously, and without the knowledge of the medical officers, even in the military hospitals.—ED.

MEDICAL APPOINTMENTS.

The following gentlemen have been chosen office-bearers of the Royal College of Surgeons, Edinburgh, for the ensuing year:—*President*, James Simson, M.D.; *Treasurer*, Alexander Macauley, M.D.; *Librarian*, Robert Omond, M.D.; *Conservator of the Museum*, Henry Goodsir.

Mr. Stanley has been elected one of the Examiners at the Royal College of Surgeons of England, in the room of Mr. Thomas, resigned.

OBITUARY.

The Edinburgh papers of Friday announce the sudden death of Dr. Abercrombie, of that city. On Thursday morning he was found by his servant lying dead in his own room. It is supposed that he was carried off in a fit of apoplexy. Dr. Abercrombie was an Honorary Member of the Provincial Medical and Surgical Association.

BOOKS RECEIVED.

Remarks on the Present State of the Medical Profession in this Country, and on the changes proposed by the Bill recently introduced into Parliament by Sir James Graham, Bart., &c. By Thomas Nunneley, F.R.C.S., &c. &c. Leeds. 1844. pp. 24.

A Manifesto, by the Medical and Surgical Association of the Borough of Marylebone. London. 1844. 8vo. pp. 16.

ERRATUM.

We are requested by the author of the letter on the "Incorporation of General Practitioners," to correct an error in the fifth paragraph of his letter. The passage referred to should read as follows:—"This Society or College should, under the provisions of the bill, return from two to four representatives to the Council of Health and Medical Education. If the number of representatives be fixed at four, two of these at least should be from the provinces. When incorporated, the new Society or College should either alone," &c.

TO CORRESPONDENTS.

Communications have been received from Mr. F. W. Pittock; Dr. Souly; Mr. Carter; Dr. Tunstall; Mr. W. Matterson, jun.; Mr. Watson; Dr. Mactear; Mr. Vale; Messrs. Dorrington and Franklin; Mr. Caffin; Mr. F. Elkington; Dr. J. C. Smart; Mr. Trevor; Sir J. Fife; Mr. Clarke; Mr. P. Martin; and Mr. F. Cox.

These communications, together with several others, which have been unavoidably postponed to make room for the Report of the Derby Meeting, shall receive early attention.

A Constant Reader: The list to which he alludes has not hitherto been regularly sent for insertion. We will, however, endeavour to remedy the omission.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING - CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE IX.

RUPTURE OF THE TENDON OF THE LONG HEAD OF THE BICEPS.

This accident may be occasioned by falling upon the arm, by violent twists of the limb, without external violence referred to the part, or by the sudden and violent extension of the limb, as when we put out our arms to save ourselves in falling. The patient experienced at the moment, a sensation of snapping in the shoulder, soon succeeded by inability to raise the hand to the head; acute pain is caused by even slight pressure in the course of the bicipital groove, or lower down, on the muscle itself; the latter becomes flabby, and the movement of the arm backwards and forwards produces acute suffering, mostly referred to the situation of the biceps, where it passes over the head of the humerus. In one case, related by Mr. Stanley, to which I shall hereafter refer you, the effort of bending the forearm was attended with peculiar spasmodic vibrations of the biceps. There is also swelling in the course of the biceps. The head of the humerus is drawn upwards and forwards, and approximates the acromion process, more than natural. Mr. Stanley, in an interesting paper published in the third volume of the *Medical Gazette*, relates the following instances of this accident.

CASE I.

A gentleman slipping, fell with his shoulder against the curb-stone, twisting his arm inwards and backwards; severe pain in the joint, and inability to use the biceps muscle immediately followed, and in a few hours, effusion of blood into the cellular tissue, confined to the course of the biceps. The slightest movement of the arm backward, was excessively painful, precisely in the situation of the biceps tendon, where it passes over the head of the humerus. The arm was confined across the chest, to quiet and relax the muscle, and the pain continued unabated many weeks. He was ultimately cured.

CASE II.

A man in Cornwall, scuffling, fell on his arm, which was thrown backwards at the time. He felt something give way in his shoulder, and soon could neither raise his arm to his head, nor hand to his mouth. The most gentle application of the fingers towards the

head of the humerus, between the coracoid and acromion processes, or lower down the arm, in the course of the biceps, produced acute pain, but nowhere else, either by pressure on the joint, or free motion. The biceps was shortened, soft and flaccid, and could not be made to retract. The patient was treated for rupture of the biceps tendon; gentle motion was allowed in four weeks, and he ultimately recovered.

CASE III.

A woman, aged 35, slipped down in the street, and extended her arm to save herself; she experienced acute pain in the shoulders, on attempting to bend her elbow, raise her arm, or when pressure was exercised over the course of the biceps tendon. The effort of bending her forearm was attended with peculiar vibratory movement of that part of the biceps, whence the biceps continued and was distinctly felt. Pressure could be borne without pain at the end of four weeks, but the power of the biceps was not at that time restored.

Mr. Knox, in the 14th number of the same Journal, mentions four cases in which this tendon was defective and adhered to the margin of the bicipital groove, instead of running to the glenoid cavity. In five of the seven cases related by Mr. Smith, the tendon of the biceps had been ruptured, and was attached to the interior margin of the bicipital groove. Mr. Hargrave, in the 48th volume of the *Edinburgh Journal*, says, that he has often found the biceps tendon ruptured in old people without other lesions. From the cases I shall have to relate to you, when we treat of partial luxations of the head of the humerus, we shall learn that in several instances, the latter accident may be complicated with rupture of the tendon of the biceps. What influence the giving way of the tendon has, in the production or favouring of these accidents, will be further considered by and bye.

Dr. Labatt laid a preparation before the Royal Surgical Society of Paris, in March, 1838, taken from a woman aged 60. The head of the humerus was firmly supported against the acromial process, by a vertical rent in the capsular ligament which girded its anatomical neck. The head of the bone was widened, but completely denuded of cartilage. The tendon of the biceps was exceedingly thin and wasted, and on tracing it up in the groove, it was found to terminate by a firm insertion into the upper part of its outer edge, sending off internally a fibrous production, which almost immediately became continuous with the capsule, running along the inner lip of the rent towards the apex of the glenoid cavity; but to which it was not clearly trace-

able. The insertions of the supra and infra-spinatus, teres minor, and subscapularis, were perfect.

The perusal of these cases, and the manner in which, according to the pathological records before us, nature endeavours to remedy mischief, by causing the lower portion of the long head of the biceps to adhere to one or other of the lips of the bicipital groove; the complication of this lesion, with partial dislocation upwards and forwards, and the difficulty so frequently experienced of restraining the head of the bone in situ, in the latter accident, appear to me to throw considerable doubt upon the probability of effecting a perfect cure where the tendon of the biceps is ruptured, without more or less lesion of the functions of the part remaining. If, as Mr. Stanley has observed, the reparation of the injury must consist in the adhesion of the tendon to the head of the bone, and that the treatment of the case should be especially directed towards that result, it is very evident that the use of the bicipital tendon, as far as concerns the functions pointed out by Mr. Soden, "of opposing the capsular muscles of the joint, and keeping the head of the humerus away from the acromion process," must be very much impaired, if not entirely lost; and it would, therefore, appear most probable that the abutting of the greater tubercle of the humerus against the acromion process, and the consequent inability to raise the arm to any great extent, observed in Mr. Soden's case of dislocation, would always be present to a greater or less degree where the tendon is ruptured.

It certainly is a question worth considering, whether the cases of partial dislocation, in which, do what we may, we cannot prevent the head of the bone being drawn up again to its abnormal position, are not commonly, or always, complicated with rupture or displacement of the tendon of the biceps.

In Mr. Smith's cases, taken as they were from his dissecting room, his attention was first attracted by the unnatural appearance and signs of displacement which the joints presented, he having no previous knowledge of the individuals; and I believe this view of the case will be borne out by the pathological facts I have to relate to you in connection with the partial dislocations of the head of the humerus. Of the cases related by Mr. Stanley, two recovered; the third, although at the end of a month free from pain upon pressure, had not recovered the entire use of the muscle, and whether she ever entirely recovered the use of her limb is not stated by the author.

It is to be presumed, that in the cases related by Mr. Stanley, the head of the humerus remained in the glenoid cavity, without being unusually approximated to the coracoid or acromion process, as such an important symptom would scarcely have been unnoticed by so acute a surgeon and excellent an anatomist as that gentleman; we must also recollect that he had not the opportunity of examining his cases by dissection, and could therefore only conjecture the rupture of the tendon, whether entirely or partially he could have no means of ascertaining with any degree of certainty. A partial rupture would produce the same train of symptoms; and, moreover, a part remaining entire would prevent the undue elevation of the head of the bone, and thus account for complete recovery.

Treatment.—Your object in these cases should be to approximate the two portions of the tendon, to obtain

union if possible, or otherwise to favour the attachment of the lower portion to the head of the humerus, as Mr. Stanley has pointed out. To do this effectually, place the hand in the semi-supine position, that is with the thumb upwards, making your patient grasp the opposite shoulder; thus you effectually relax the biceps muscle, as you will at once perceive, upon recollecting that the biceps is inserted into the back of the tubercle of the radius, and that the first action of the muscle, when the hand is prone, is to render it supine before it can effect flexion of the elbow. Now apply a roller carefully, beginning from below, carrying it up to the axilla, and fixing a compress over the course of the biceps tendon, by which means you will keep the muscle quiet and prevent spasms; and, lastly, secure the arm in this position by bandages.

To enable me to complete the account of accidents to which the tendons of the biceps are liable, I will now relate the following case published by Sir G. Ballingall, in the 43d volume of the *Edinburgh Medical Journal*. It belongs to the section in which we shall treat of injuries about the elbow joint, but it is perhaps better that I should give it here, as you will then have together the different injuries to which this muscle is subject, and be thus enabled to contrast their various symptoms.

Mr. D., aged 50, a healthy man, whilst raising a heavy weight by the tips of the fingers of his right hand, suddenly felt a snap, accompanied by much pain in the lower part of the arm, a little above the elbow. The weight instantly dropped from his hand, and he was conscious of inability to use his arm as before. On trying to take off his coat, a few seconds after the accident, he experienced great difficulty, owing to the swelling of the arm. Upon examination, a large tumour was observed in the middle of the arm, occupying the seat of the belly of the biceps. Mr. D., (a great chemist,) considered this to be effusion, and therefore had a bandage applied, which almost entirely removed the pain, and enabled him to use his arm with comparatively little inconvenience. The next morning, Mr. D.'s son, a surgeon, examined the limb, and considered the swelling, which had increased, to be caused by retraction and swelling of the biceps muscle; in which opinion he was confirmed by finding that in the hollow which existed below the tumour, there could be detected a body, apparently the biceps tendon, which was loose above the extremity, and could be moved from one side to the other without difficulty. Bandages were now applied, consisting of two pieces of leather, accurately and tightly laced, one on the arm, the other on the forearm, with a strap passing from the lower to the upper piece of leather, for the purpose of keeping the arm bent; owing to the patient persisting in using his arm very much, the bandages could not be kept accurately applied, and after ten or fourteen days they were thrown aside. The tendon gradually contracted adhesions to the neighbouring parts. Although considerable swelling remained for a length of time, and also some difference in the form of the two arms, yet the patient could use his arm pretty well; but it was not so strong as formerly, and unequal to any great exertion.

He experienced pain and difficulty when he endeavoured to raise weights with the points of his fingers, and the power of pronation was much impeded. Sir

George Ballingall considered the tendon to have been torn from its insertion into the radius, and that flexion was performed by the brachialis anticus, and flexors of the carpus and fingers. Some defects existed eight months after the accident.

This case is decidedly interesting, but would have been much more so, had not the patient so obstinately opposed the endeavours of his surgeon, by persisting in using his arm; and we are deprived of the advantage of knowing what the result might have been, had he submitted to proper treatment. It does not appear that the methods employed were quite adapted to the urgency of the case; no restraint was placed upon the hand, and when we recollect how the biceps is inserted normally into the radius, how almost entirely the hand is connected with the latter bone, and moreover, that the radius is the movable bone of the forearm, it must be evident, that when the patient used his hand he moved the radius, and at the same time prevented the tendon uniting as favourably as it might otherwise have done.

The same line of treatment ought to be adopted in this case as in that of rupture of the long tendon of the biceps; only here you should commence your bandage at the shoulder and carry it down to the elbow, instead of beginning below and proceeding upwards, as I have there recommended. Be careful to place your patient's hand upon his opposite shoulder, before applying the bandage; in other respects proceed in a similar manner.

In my last lecture I described Mr. Earle's apparatus for injuries about the shoulder, and also that modified by Mr. Chapman, and I then mentioned, that although well adapted for the purposes intended, they were liable to the objection of being very complicated and consequently very expensive, and moreover, that unless a surgeon living in the country had already provided himself with one upon the expectation of meeting with a case, much time would be lost before he could obtain it. To obviate these objections I have invented an apparatus, a modification—but a very simple modification of the late Mr. Earle's, and which has the advantage over that invented by the latter gentleman in being both simple and cheap, and one which can be made by any one who can stitch, in less than half an hour.

It consists of a long sleeve, made either of old sheeting or bed-ticking, which should be long enough to extend from the middle of the humerus to about three inches beyond the patient's fingers, and having, consequently, what (for the purposes of description) I shall call a humeral and a digital extremity, and also a hole corresponding to the olecranon to allow that process to project through. The digital extremity terminates in a *cul de sac*, or, in other words, is sewn up, and to it is attached a bandage three inches wide, made either of the same material as the sleeve, or of strong webbing, which is firmer and consequently better. This bandage should be at least three yards long, but you must be guided as to its length by the corpulence and size of your patient. To the posterior and external margin of the humeral extremity of the sleeve is attached another strap, from three quarters to a yard long, of the same width, and made of the same material. A pad for the axilla, made with bran, with a tape to pass round the patient's neck, completes the apparatus.

I will now show you the manner in which it is to be

applied: we will suppose that you have a fracture of the acromion process or of the neck of the scapula; in the former, as I have already told you, you should not place a pad in the axilla. In the latter, you must not only use the pad for the axilla, but also one between the elbow and the side, or one which, extending from the axilla to the elbow, will answer the purpose of both.

I first put the sleeve on the injured arm, with the elbow projecting through the opening made for that purpose, and then, bending the patient's forearm, place it horizontally across his chest. I carry the bandage from the digital end of the sleeve under the opposite arm, obliquely across the back, from below upwards over the front of the injured shoulder, without pressing upon the acromion process, under the opposite arm round the back under the elbow of the injured side, and pin the end to the band crossing the breast. I now carry the strap from the humeral end of the sleeve upwards across the back towards the opposite shoulder, and pin it up to the oblique band, by which the head of the bone is drawn upwards and backwards and completely supported against the acromion process.

Should the case be one of rupture of the bicipital tendon or fracture of the coracoid process, you employ the axillary pad, and apply the apparatus as follows:—Having put the patient's arm in the sleeve, you rest his hand on the shoulder of the opposite side, and carry the long bandage obliquely across the back, over the elbow of the injured side, and round the waist as often as it will go; pin it there, and support the elbow by carrying the short strap over to the sound shoulder and fasten it to the bandage encircling the waist.

You will observe that this apparatus is free from the objection urged by Mr. Chapman against that invented by Mr. Earle, as it leaves the motions of the sound shoulder entirely free and unimpeded, and the seat of injury uncovered, enabling you to watch the state of parts, without the necessity of disturbing the apparatus.

Since my last lecture, Mr. Houlton, our House Surgeon, called my attention to an out-patient, who had fallen down upon her left shoulder. She experienced great pain at the time, but could move the limb and raise the arm to her head when she applied to him immediately after the accident, two days previously. As, however, the arm had become motionless, and she complained of so much pain, he requested me to examine her. She told me that when she attempted to move or bend her arm she suffered greatly, especially in the course of the belly and long tendon of the biceps muscle. I desired her to raise her arm to her head, but although she endeavoured to do so she could not, and complained greatly of the pain which the attempt caused her, but at the same time the pain was confined entirely to the situation of the biceps. I examined the arm very carefully, and could detect neither fracture nor dislocation, but upon tracing up the tendon of the biceps in the axilla, I found it more prominent than natural, and evidently thrown inwards upon the inner tubercle, whilst pressure upon it gave her pain as she experienced when the arm was moved, I therefore decided that the case was one of displacement of the tendon of the long head of the biceps, and I accordingly rotated the arm strongly inwards, at the same time giving the elbow a sweep from below upwards,

across the chest, by which means the tendon was returned to its natural position, and upon my now requesting the patient to raise her arm to her head, she did so with perfect facility and without complaining of any pain.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

In this paper I propose to make a critical analysis of the principal facts of irritation and congestion, as antecedent phenomena of inflammation. Subsequently, in other papers, I design to treat in the same manner the facts of inflammation, fever, &c. The principles of treatment will likewise be examined, and their value tested physiologically.

Time is not mis-spent in trying to improve the basis of medical practice by the study of, and search after, principles, and by the endeavour to make them fruitful in the exercise of the healing art.

H.

IRRITATION AND CONGESTION.

I. *The word irritation is made use of to express states of the nervous system, or its parts, known only by their effects.* This is a self-evident proposition, and is founded merely on the conventional use of the word *irritation*, in the language of medical science.

II. *The antecedents of these states (1.) may be mental excitement; the application of a stimulant; an injury; or the equivalents of these.*

Mental excitement, as an irritant of nerves, excites pallor, or the blush, or both, in capillaries acting in concert with them.

This is the simplest instance of *sensation* acting upon the velocity of the circulation in a part. Its effects are transitory; but an injury continues, therefore its effects are persistent.

III. *Irritation varies in its effects according to the character of its antecedents (11.), its situations, and relations.*

Dubois has remarked ("Préleçons de Pathologie Expérimentale") that cessation of circulation precedes increase in its velocity, after a puncture in the web of the frog's foot. Thompson made the same remark. ("Traité de l'Inflammation." French edition.)

Pallor and the blush, cessation and increased velocity of the circulation; these opposite effects are produced by different degrees of the same state of the nervous system. The same injury (Dubois) gives rise, locally, to arrest of the circulation, and to subsequent increase in its velocity; the same idea to the blanched and crimsoned cheek. Ammonia causes the circulation to be less rapid, (Thompson,) but its action is probably chemical, (Müller,) and therefore its effects, which differ remarkably, are not to be relied on. The same observation may apply to other stimulants, in the present imperfect state of knowledge in the matter.

IV. *Irritation may be both normal and abnormal.*

This and the preceding proposition embrace all the varieties of *irritation*, in whatever structure they may arise, under whatever circumstances they may subsist, and by whatever agency they may have been excited. Their development is reserved for the opportunity

when the facts on which they are based call for full elucidation.

V. *Irritation is normal when its effects are brought about by a natural cause, or its equivalent, and which disappear soon after the cause is removed (111. 1v.); abnormal when its effects are persistent, owing to the permanence of its cause (11. 111.).*

VI. *When irritation is normal (v.) and is excited in a vascular structure (111.), it is followed by increase in the velocity, sometimes preceded by arrest of the circulation of the part (11.).*

VII. *When irritation is abnormal (v.) and occurs in a vascular part, there is a temporary cessation succeeded by preternatural velocity of the circulation (vi.); the diameter of the capillaries is lessened; the usual change in the blood, from arterial to venous, does not take place within them; the blood globules coalesce, and secretion is suspended.*

Normal and abnormal irritation produce the same functional disturbance in the capillaries; but, if the irritant action continue beyond a certain period, the characteristic phenomena of congestion become developed. Under whatever circumstances an arrest of the circulation precedes an increase in its velocity, the diameter of the capillaries must be lessened, for these vessels collapse when empty, and the force of the heart has to overcome gradually the resistance made to it by firmly closed tubes. It is probable that a local increase in the velocity of capillary circulation, is always preceded by a partial emptying, and, consequently by a reduction in the diameter of the vessels. The force of the heart being in an inverse ratio to the diameter of the vessels, it follows, that a decrease in the diameter of the capillary tubes must be succeeded by an increase in the velocity of the circulation.

The presence of irritation implies the presence of nervous matter (1.) "The retina affords the most striking demonstration of the general termination of a nerve, and does it in a manner so satisfactory, that little further can be desired; and it gives ample reason for concluding that the rest have a similar but modified termination. Although many of the nerves may be traced to form a membranous expansion, yet these are so small in proportion to, and so much interwoven with, their respective organs, as to leave the anatomist incapable of demonstrating to the same degree their ultimate termination." (Swan, "A Demonstration of the Nerves of the Human body.")

The connection which exists between the nervous and capillary systems cannot be established by minute anatomy. But the sensibility manifested by animals when the intercapillary spaces are punctured, and the disturbance which ensues in the circulation of the part, demonstrate with the utmost certainty that such a union subsists. The severing of the nerves of sensation at their roots, destroys all sensibility in the intercapillary spaces, and a puncture made within them then no longer affects the circulation.

The left limb of a frog having been deprived of sensation and motion, by an injury of the spinal cord at the loins, the circulation was examined immediately in the webs of both feet, and the following results were noted:—

Most of the capillaries in the paralysed limb were empty and invisible. Here and there one or two

small veins were observed to contain globules, which moved as tardily as possible, and sometimes stopped entirely. A circulation equally slow was maintained in the larger vessels of the part. The web was then punctured through, and the circulation was unaffected by the injury.

The right web was then examined, and the circulation was there found to be equally slow. The diameter of the vessels was natural where circulation was observable; but where it had ceased and the vessels were empty, no capillaries were to be seen. The visible vessels were equally few in both feet. The web was then punctured through. The animal made a vast effort at escape.

For a minute the circulation ceased altogether. It was soon re-established with increasing velocity, and was shortly as rapid as in health, both around the puncture, and in each of the divisions of the web. After an interval the circulation was retarded around the puncture, but continued to be rapid elsewhere.

In an hour the circulation was proceeding as before in the sound limb, but had made no advance in the other.

Five hours later the circulation was still brisk, and generally diffused in the healthy web; brisk in several parts, tardy in others in the paralysed. Fifteen hours later the circulation was nearly equalized, and nothing new was observable.

A little reflection will show that these results are of some importance. They involve the discovery that the sensitive nerves at their termination, though not essential to the maintenance of the capillary circulation, may, nevertheless, exert an important influence over it when they are excited. Their influence is local, for had it been reflected in a manner to increase the force of the heart, it would have been felt in the web of both feet equally. It would thus almost seem that an afflux of nervous power to a part, as in vital turgescence or blushing (II.), exerted an affinity for the blood.

That the blood should traverse the capillary vessels unchanged, as authenticated by several observers, if such a fact be capable of ocular demonstration, must not be passed over unnoticed. The change of blood from arterial to venous is a chemical phenomenon, and is caused, on the authority of Liebig, ("Theory of Respiration,") by a conversion of peroxide of iron into carbonate of protoxide in the capillary vessels. If these changes are suspended animal temperature ceases to be generated in the part.

The blood globules coalesce during congestion, not owing to reduction of animal heat; for they do not immediately coalesce even on removal from the vessels themselves; not indeed until they have been isolated for a sufficient length of time to become obnoxious to chemical changes; an agency which probably gives rise to their coalescence in congestion?

The arrest of secretion is best explained by a consideration of the fact, that remora and stasis are conditions of the circulation best calculated to favour secretion, and that in active congestion the torrent of the circulation is increased. The influence which the condition of the nerves exerts will be examined under the head of inflammation.

(To be continued.)

ON CRANIOTOMY: MR. COX'S CASE OF CÆSARIAN SECTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am tempted once more to trouble you, requesting you to allow the insertion of the following explanatory remarks relative to my recent case of Cæsarian operation, called forth by the letters of Mr. Knowles and Dr. McEgan. I must premise that I by no means regret the appearance of these observations; on the other hand, I am pleased to see them, my object in publishing the case being to elicit, if it should command sufficient interest and attention, the opinion of my professional brethren. It is by controversies upon difficult and doubtful points of practice, that science is advanced, and the truth established; and as long as the dispute is carried on in a fair and gentlemanly spirit, it matters not who goes to the wall, the great human family being the gainers. I am much pleased with the generous tone of Mr. Knowles's remarks; it is pleasant to have such a man for an opponent, and it must be very delightful to find him our ally. A fair estimate of the success or failure of an operation or plan of treatment, can of course never be obtained unless all the cases are honestly laid before the profession. It unfortunately happens that too many are apt to withhold the unsuccessful and make known only those of fortunate termination, letting the world into the secret only of what—

"Strangely visited people,

The mere despair of surgery, they cure."

To my thinking, the man who would shrink from the fulfilment of an unpleasant obligation his duty imposes on him, solely from the consequences to himself, is unfit to practice that profession, the great aim of which is the prolonging of human life, and the relief of human suffering; and the sooner he employs his talents in another sphere, the more conducive will it be to the dignity of his profession and the best interests of humanity. I must say it too often happens that censures and critiques follow the publication of unsuccessful cases from men not altogether qualified by years and experience to issue them. From men, who, to speak figuratively—

"Never set a squadron in the field,

"Nor the division of a battle knows

"More than a spinster; unless the bookish theorick,"

Now for a few words in my own defence.—Mr. Knowles says, "It is much to be regretted that the consultation was deferred until eleven o'clock." I will just give him a little insight into the difficulties that beset a country practitioner. About nine p.m., on the night the woman was taken in labour, I sent to my friend Mr. Williams, of Guilsborough, five miles distant; he was not at home; thinking he might have gone to dinner at Northampton, I sent again, bidding my servant await his return, if expected, or, if Mr. Williams were at a case, to follow him. He was attending a lady four miles from home, and could not obey my summons. It was now between one and two o'clock a.m.; I then sent to Lutterworth, another eight miles distant, but fruitlessly. Mr. Colston felt diffident about acting without a third opinion, and so did I, for we did not arrogate to ourselves the belief

that we were Nestors in age or wisdom; accordingly Mr. Colston himself started to Harborough, another eight miles, and returned with Mr. Francis. How had the poor woman been all this time? Why, truly she had had pains all night, but of such a character that I have seen many women bear the kind two or three days in a first labour without anything like exhaustion, and such as would not advance the child much, even in a capacious pelvis; and she had slept at intervals. Mr. Francis thought the pelvis a little larger than I did, and after much thinking and anxious speculation, we agreed to attempt delivery by embryotomy, as affording the best chance for the mother. And now for authorities to justify the attempt.

The pelvis was from one inch and a half to one inch and five-eighths in the short, and as large as usual in the long diameter. Dr. Osborne did deliver a woman whose pelvis did not exceed one inch and a half in the short diameter, and she lived. Mr. Knowles *suspects* Dr. Osborne was wrong in his measurement; I do not see why the correctness of his judgment or veracity should be doubted, and must claim him as an authority on my side. The talented and accomplished Dr. Lee, in his recently published lectures says, (showing a pelvis to his class), "When you look at this distorted pelvis from malacosteon, which measures only one inch and three quarters from the last lumbar vertebra to the symphysis pubis, and know that two children, at the full period, were drawn through it, without destroying the mother, you may conclude that few cases of distortion can possibly occur, where you will not ultimately succeed in effecting the delivery with the crotchet." Now the pelvis, in this case, measured, when in the dissected state, one eighth of an inch more than in mine, and surely not more than mine in the living woman; and here let me observe, that the man who pretends to such exquisite sense of touch, that he can tell to the eighth of an inch the size of a pelvis, with the fingers necessarily cramped, possesses a treasure that I do not, nor many of my brethren lay claim to. Dr. Lee again says, "Wherever the *presenting part* can be reached, to apply the perforator and crotchet, an attempt should always be made to deliver, and the Cæsarian operation reserved for those cases in which the distortion is so great that the os uteri and presenting part are entirely beyond reach." Again, says the same high authority, "I would draw an entirely different conclusion, and in all cases, whatever the degree of distortion might be, either in the brim or outlet of the pelvis, attempt to deliver by embryotomy where the presenting part could be reached by the finger, and the crotchet applied."

Mr. Barlow says, "where the pelvis is from two and a half inches to *one and a half*, delivery should be completed by embryotomy." I could quote other authorities to justify the practice, but I consider the opinion of so eminent an accoucheur as Dr. Lee, a host; while the fact of his having twice delivered a woman possessing a pelvis certainly not larger than in my case, at the full time, is a triumphant refutation of the assertion, that it is an impracticable proceeding. Mr. Knowles himself says, that "when the sacro-pubic diameter of the pelvis does not amount to one inch and three quarters, delivery can *rarely* be effected by craniotomy, with any probability of safety to the mother." We are to infer from this that he thinks it may *somehow*

be successful with a pelvis one eighth of an inch larger than Brooks's. I must say this seems to me, drawing a very fine distinction, one that reads nicely, but cannot be of practical value, unless it were possible to define exactly to a line the size of the pelvis and the child's head, neither of which can be done. As Mr. Knowles considers craniotomy may *sometimes* be successful with a pelvis of such a size, I contend every woman should have the chance and benefit of the *sometimes*.

Dr. McEgan principally condemns my practice, because he is an enemy to *needless* craniotomy. Why, no sane man would ever perform it, if he were *certain* it was needless; but, very few, perhaps none—unless fond of displaying and puffing great surgical deeds, would hesitate to adopt it in a case of doubt, and give the mother the benefit of the doubt.

I must ever be an enemy to the Cæsarian section, from a conviction of the almost insurmountable changes attending it. I must honestly confess, that I do not believe Brooks would have recovered, had delivery by craniotomy not been attempted, because, although of course that operation tended to weaken her, neither my colleagues nor I considered her more than temporarily depressed by it—indeed, in half an hour, she was as cheerful, and her pulse as good, as ever. I firmly believe, had the operation been performed twelve hours earlier, she would have sunk just as rapidly, for the prostration following it is not one of degree, depending on the previous strength of the patient altogether, but the effect of a tremendous shock caused by an almost certainly fatal operation, which must be and has been felt, alike by the feeble and the strong, by the giant and the dwarf. I contend the Cæsarian section should never be resorted to while any reasonable chance remains of delivery by other means. I have proved,—at least I think so,—that craniotomy holds out a reasonable chance of success; and in my case it was tried. Dr. Lee's case and statements put my mind at rest as to the correctness of the proceeding, and justify the deed to myself, and I hope, to many of my professional brethren. I am convinced the poor woman would have died under any circumstances, even had the Cæsarian operation alone been performed and performed earlier, and then I should have expected, and certainly should have met with a host of assailants, for not having given my patient the chance of delivery by embryotomy. This is just one of those cases of difficulty and nicety that, terminate as it will, is sure to be condemned, and I comfort myself with the conviction, that it is more consistent with human nature to censure and condemn than justify or palliate, while I am strong in the belief that in medical affairs it is much easier to criticise the doings of others in dangerous and difficult situations, than to act for themselves in similar emergencies.

I remain, Sir,

Your much obliged servant,

FREDERICK COX.

Welford, Nov. 15, 1844.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 27, 1844.

It will be seen from the report of the proceedings at the important meeting of the Provincial Medical and Surgical Association, held at Derby, that the resolutions passed at that meeting, in common with those of many other influential meetings held in different parts of the kingdom, recognize the leading principles of reform hitherto advocated by the Association. While they give credit to such parts of the measure introduced into parliament by the Home Secretary, as are calculated to carry out these principles, they at the same time show wherein it falls short of, or fails to attain them, and record the dissent of the meeting from other parts, objectionable in themselves, and which, if passed into law, would unquestionably prove destructive to the profession, and injurious to the best interests of the community.

Here, as elsewhere, we have seen the strong and decided protest against that false step in legislation, which disfigures the first clause of the bill, and which, if persisted in, must fatally vitiate the whole measure, rendering nugatory any good to be expected from other provisions of unquestionable value, and which if carried out with judgment, and modified so as to include within their scope every class of the profession, must materially tend to elevate the standing of the whole. The mischiefs which result from the practice of medicine, and from the dabbling in medication by unqualified and ignorant persons, can only be appreciated to their full extent by the medical profession, and when we perceive every grade, we might almost say every individual member, of that profession cordially uniting, and with one voice contending for that protection in the exercise of their calling, to which they are justly entitled by the requirements made from them, before they can be legally licensed to practice it,—when we see that this protection is sought as much for the welfare of the community as for the direct benefit of the profession, it is impossible but that a wise Government must yield to the desire so reasonably, so firmly, and so generally expressed.

Equal right to practice without respect to local privileges, is unquestionably conceded under the bill, and indeed could not be withheld from any member of the profession, for, as far as the private and lucrative exercise of it is concerned, it is granted to every individual, man, woman, and child, throughout the kingdom. The resolution of the special general meeting of the Association, in reference to this point, while it acknowledges the principle, affirms that its operation should be

limited to the qualified, licensed, and duly registered practitioner, and while it contends for this equality of right among all the members of the profession, recognizes as the only ground on which such right should be exercised, uniform and sufficient primary qualification in every branch of medicine. The resolutions of the meeting admit that the bill provides an approach to this uniformity of qualification, but at the same time affirm the necessity of still further carrying it out.

Now these are two of the leading principles which have ever been contended for by the Association, and together with the necessity for protection, are clearly set forth in the statement circulated by the Council amongst the Members of the House of Commons during the last Session of Parliament. They are those which may be said to concern the individual and personal prosperity of every member of the profession, and ought to be conceded without reference to any public and corporate rights or privileges to which it may further be deemed fitting to admit him.

It is to these corporate and public privileges that the third great principle contended for by the Association—a representative voice in the formation of the councils or governing bodies—has relation, and accordingly we find a resolution of the meeting affirming the necessity of a further recognition of this principle in the Colleges of Physicians and Surgeons.

In the statement to which we before alluded, it was shown that the general practitioners were entitled to be, in like manner, consolidated and incorporated together; and whether the Society of Apothecaries, to which body it must be admitted they are, as a class, greatly indebted, can be so far modified as to meet the occasion, or otherwise, the resolution of the Derby Meeting, advocating such an incorporation, is not only in accordance with the principles before set forth by the Association, and called for by the expressed wishes of this important branch of the profession, but its adoption by the Legislature is, under existing circumstances, absolutely essential to give due effect and consistency to much that is useful and beneficial in Sir James Graham's bill.

The principle of representation has been recognized in the constitution of the Council of Health and Education, and such being the case, we contend that it should be carried out, so as to make it effective. Now this it cannot be, unless it represent not only the Government; not only the Universities and Schools of Medicine; not only the Collegiate Corporate bodies of the profession, at present under the bill limited to physicians and surgeons; not only the metropolitan towns—but also the widely extended country districts, and the provincial cities and towns, and especially the great

body of the general practitioners throughout the kingdom, which, under the existing provisions of the bill, would be altogether unrecognized.

Such are the chief points contended for and affirmed by the resolutions so unanimously agreed to at the Derby meeting. They all admit of being engrafted upon Sir James Graham's bill, without detriment to its form, and, with the exception of the restrictive clause, without interfering with its principles. We do not know that any class of reformers who have given due consideration to the subject in all its bearings are disposed to call for more. There are, it is true, some minor points in the bill which will require correction, but these may safely be left to the sifting which it will undergo in committee, or to the workings of time, while if the alterations above indicated can be obtained, we believe that the measure so modified, will prove highly beneficial to the community, and at the same time tend materially to advance the *status* of the profession, and give a consolidation and unity to it, which it has never hitherto enjoyed.

NEWCASTLE-ON-TYNE INFIRMARY.

Practice of Sir JOHN FIFE, Reported by Mr. T. A. GIBB.

CHRONIC HYDROCEPHALUS.

Thomas Shaw, aged 17 months, South Shields, admitted October 18, 1844, under Sir John Fife, with chronic hydrocephalus. The countenance of the child is pale and clear, otherwise it seems healthy.

When three months old, it appears to have had acute hydrocephalus; it however recovered, and since that, to all appearance, has enjoyed comparative health, except that the head has continued to increase in size; has had calomel and other medicine without affecting it. The child has got four teeth, can see well, and hear perhaps too acutely; the head is immensely large, twenty-six inches in circumference, ten from ear to ear over the occiput, thirteen from ear to ear over the vertex, fifteen from ear to ear over the forehead; the skull appears to be dilated pretty equally; the eyes slightly project; the upper part of the face at the orbits is broadened; at the base of the nose it is completely blue from the collection of veins which are placed there, and issue out over the forehead; the other parts of the skull are also traversed by numerous tortuous and enlarged veins. The child seems as intelligent as others at the same age.

Operation. Sunday 22nd. Sir John Fife placed the child on the knee of a nurse, its head in a line with the spine, which was half recumbent; he then with a small trochar penetrated the membrane in the coronal suture on the left side, half way between the longitudinal suture and the temporal bone. After passing the trochar somewhat less than two inches, the stylet was withdrawn, followed by fourteen ounces of fluid, the first twelve of which were perfectly limpid, the last two bloody. Compression by the hands of assistants was carefully made on the head, and maintained afterwards by adhesive straps and a long bandage, a little dry lint being applied to the wound. In

an hour after the operation the child looked rather pale, but otherwise appeared the same, and was sucking vigorously its mother's breast.

2 p.m. Sleeping well. 6 p.m. Looking well; seems quite easy; pulse small.

23rd. Had rather a restless night, cried a good deal, and often took the breast, the mother thinks it is from some griping in the bowels; appears pretty well; bowels regular; skin cool; no thirst; head cool. A teaspoonful of castor oil to be taken immediately.

25th. Doing well; cries a little now and then. Bowels not very regular, costive, with some griping; head much smaller than on admission.

27th. Had a little castor oil yesterday, which opened his bowels; griping much relieved; rested well last night; looks well, and head the same.

29th. Not so well; it frequently sweats, and is often drawn up as if it was in pain; bowels open, but stools dark; seems rather stupid, but not otherwise unwell, except skin hot. Does not take medicine regularly.

31st. Much better; no griping; bowels regular.

November 1st. Sir J. Fife put a bandage round the head this morning.

5th. Going on well.

SCROFULOUS ULCER OF THE NOSE.

Mary Scott, aged 19, Brignal, Yorkshire, was admitted a patient at the General Infirmary, on September 19, 1844, under Sir John Fife, with scrofulous ulcer of the nose, destruction of the septum, and an aperture in the bones of the palate. The ulcer of the nose began about ten weeks ago, and that of the palate about eight weeks.

Powdered bark and potassio-tartrate of iron, twice daily. Rhubarb pill and calomel, the bowels being confined.

Solution of chloride of lime, tincture of opium; of each three drachms; water, eight ounces. To make a gargle, to be used frequently.

Operation, Tuesday, 22nd. Sir John Fife dissected a vertically oblong portion of the upper lip from the lining membrane of the mouth, and then cut off its red extremity which had formed part of the lip; having first divided the anterior and inferior portion of the remaining cartilage of the nose; he united the detached end of the portion of the upper lip to it by a silk suture. A short piece of elastic gum bougie was introduced on each side the new septum, to form a nostril, and the whole secured by straps of adhesive plaster. A suture was also passed through the divided edges of the upper lip, concealing the surface from which the septum had been formed.

The septum has united, and it improves the girl's appearance considerably. Going on well.

DISLOCATION OF THE ASTRAGALUS.

Patrick Bramon, was brought into the theatre on the 22nd of October, when Sir J. Fife pointed out an oblique fracture of the tibia separating the internal malleolus, the fracture passing from the centre of the end of the bone upwards and outwards; the astragalus was dislocated backwards, the foot being shortened and the heel lengthened in an extraordinary degree; the tendons were rigid and the foot apparently firmly fixed in its dislocated position, the accident having happened ten days ago, in a very remote part of the country.

Sir J. Fife divided the tendo achillis, after which, with some exertion of force, he succeeded in reducing the dislocation; the limb was then placed upon a splint and the bandages round it covered with starch. Much relief was experienced, and no unpleasant symptom has followed the operation. Going on well.

INCORPORATION OF GENERAL PRACTITIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have read with much pleasure the letter of "Medicus," in the Journal of November 13th, because it shows that the attention of the profession is increasingly turned to a subject of great importance, the necessity for the incorporation of general practitioners. When "Medicus" wrote, he had not seen the Address of the Society of Apothecaries, nor the manifesto of the Marylebone Association. I hope that a perusal of these pamphlets has not only confirmed his views as to the necessity of a College of General Practitioners, but has also shown him that to such a College ought to be entrusted the care of the education of the third class in the profession. I quite agree with "Medicus," that whatever advantages the bill may afford, will be enjoyed almost exclusively by the physician and surgeon; no less do I agree with him that the material interests of the general practitioner are but too likely to suffer. Threatened thus with a powerful attack by the minister, the general practitioners of England and Wales find themselves comparatively defenceless for want of an organization which should enable them to see clearly their interests, to ascertain the share of influence which should belong to their class in the professional hierarchy, and having ascertained their rights, firmly to maintain them. A very large majority of general practitioners are members of the Royal College of Surgeons, and it might perhaps be expected, that thus assailed by those in power, the members of the College should seek succour under its wings, and receive that aid and protection which the heads of the profession might be able to give. But, Sir, the College of Surgeons is worse than useless to its members at the present crisis; it has just inflicted upon the great body of them an injury and dishonour which is keenly felt, and will long be remembered. If we turn to the Apothecaries' Society, we shall find a body with less power than the College of Surgeons, but with all the will to aid its licentiates to the utmost of its power—a body, which has raised those licentiates to the degree of estimation in which they are at present held by the public, and which by the universal suffrage of the profession has performed its duty well—one might almost think *too well*, to please the supporters of the present bill. For my part, Sir, I see no course so fitting for general practitioners to adopt, as to invite the Society of Apothecaries to form the basis of a College which shall include all now qualified to practise in that class. I cannot refrain from expressing my surprise at the hope expressed by "Medicus," that "the Society of Apothecaries will voluntarily retire from all participation in the examination of future licentiates, a duty which, though they have most ably performed, should never have devolved upon them." I will not stop to

enquire whether the duty of the examination of licentiates ought ever to have devolved upon the Society of Apothecaries, but I must be allowed to doubt whether if in 1815 that duty had been accepted by the College of Physicians, we should now have had a body of licentiates equal to the present in professional attainment. But, Sir, I should like to ask for one single reason, why this honourable office of examining and licensing, having been so performed, should be thus rudely taken from the Society? Is it because they are a trading company? "Medicus" should know, and Sir James Graham when he brought in his bill, *did* know, that the Court of Assistants and the Court of Examiners are distinct from, and do not derive their power from, the trading part of the corporation. They are the *virtual representatives* of the general practitioner, and in that quality, not as trading druggists, they have possessed and exercised their power of licensing. Is it then, because they are incompetent to exercise the powers entrusted to them, that they, and with them the whole "*tiers état*" of the profession is to be visited with this bill of pains and penalties? "Medicus" shall answer this by repeating his acknowledgment that their "duty has been most ably performed." Let then the Society of Apothecaries, instead of the virtual, become the real, representatives of the general practitioner; let them admit into their body all qualified practitioners not exercising their art as pure physicians and surgeons, and become a real College of Licentiates in medicine, surgery, and midwifery. Such a college, I agree again with "Medicus," should be brought into fitting and honourable relations with the Colleges of Physicians and Surgeons; but these relations should be neither of rivalry nor subordination. The licentiates, Sir, would readily submit to have the foundations of their edifice laid one step lower than those of the Colleges of Physicians and Surgeons—they would not aim at exact equality with those bodies, but they must be independent of them. The Colleges must not have the power to throw among them a body of men less skilled and less informed than the present race of licentiates, and that this would be the effect of the power given to the Colleges by the new bill, I am firmly persuaded. If physicians and surgeons will aid us in obtaining the organization and maintaining the privileges which we ought to possess, it will tend to cement the bonds between the different classes of the profession, which are now being somewhat loosened; but let them not seek to acquire a power and authority over general practitioners, which the public interest should forbid, and the freedom enjoyed for the last thirty years will prevent, our submitting to.

I am, Sir,

Your faithful servant,

PETER MARTIN.

Reigate, November 15, 1844.

POOR-LAW AUTHORITIES: MR. DESHON'S CASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have seen with indignation, but without surprise, Mr. Deshon's statement of the manner in which he has been treated by the Poor-Law Commissioners. In the

course of the last seven years it has been my fortune to have numerous communications with those worthies, and the result has been that I have ceased to place any dependance upon their wisdom, integrity, veracity, or justice, and made up my mind never voluntarily to refer any matter to their decision, but for the future to seek redress for any attempted injury upon the part of any of the poor-law authorities from the ordinary tribunals of the country. I now enclose you a copy of a correspondence which has very recently taken place between the Southmolton Guardians and myself, in order that my brother medical officers may perceive how much more promptly and efficaciously they may procure justice for themselves, by the mere threat of a reference to a judge and jury, than from Messrs. Chadwick, and Co. If there be in England a medical officer who has ever obtained from the latter quarter such prompt and entire satisfaction for an attempted or completed act of injustice on the part of this board, as I have obtained for myself, I am sure his declaration of that fact will be received with surprise by all his brethren.

I venture to recommend to Mr. Deshon immediately to commence legal proceedings against Mr. Thompson Jacob, *if he is able to prove* that that gentleman stated that the limb had been "*three times inefficiently set*," and at all events to compel the Sturminster Board to pay him for the treatment of the fractured thigh, by an action at law. Such a payment would be the most practical proof that could be afforded to Mr. Deshon's patients and friends, that his treatment of the case had been proper and skilful, as proof of the contrary would be a conclusive answer to the action.

I remain, Sir,

Yours faithfully,

WILLIAM TREVOR.

Dulverton, Somerset, November 12, 1844.

[Copy]

"Southmolton Union, October, 19, 1844.

"Sir,—Inclosed I send you a check on this Union for £8. 5s., the amount of your account to Michaelmas, after deducting £1 for the treatment of a simple fracture of the arm of John Parr, which the Board refused to allow.

"I am, Sir,

"Your most obedient servant,

"WILLIAM TRAYNE,

"FOR MR. RICCARD.

"William Trevor, Esq., Surgeon, Dulverton."

"Dulverton, October 23, 1844.

"My dear Sir,—I yesterday received your letter dated the 19th instant, enclosing a cheque dated the 1st instant, for £8. 5s., which you state to be 'the amount of my account to Michaelmas, deducting £1 for the treatment of a simple fracture of the arm of John Parr, which the Board refused to allow.' I mention the above dates in order that it may be apparent that I lose no time in expressing my determination not to submit to the refusal of the Board. I request that you will return to me the order for attendance upon John Parr at *your earliest convenience*, and also that you will lay before the Board this short statement

of the facts of the case. I attended the case in obedience to a written order from the overseer of the parish. I reported its occurrence to you at the time, and I regularly returned it in the fortnightly list of patients I send you. No remark was made upon the case by the Board, and now, after it has been for many weeks successfully terminated, they refuse payment. I really am at a loss for expressions adequate to describe this proceeding, but in the hope that it may yet be reconsidered, I shall take no steps in the matter until Wednesday next, the day after the Board meets, when, if I receive no satisfactory communication from you, I shall adopt such proceedings for the recovery of the £1, as may be thought advisable.

"I remain, dear Sir,

"Yours faithfully,

"WILLIAM TREVOR.

"H. Jackson Riccard, Esq., Clerk to the Board of Guardians, Southmolton."

"Southmolton Union, October 29, 1844.

"Sir,—Your letter of the 23rd instant, claiming remuneration for your treatment of Parr's fractured arm, was laid before the Guardians this day, who took it into their consideration, and decided upon allowing you the £1, claimed by you in respect thereof, and enclosed you will find a cheque for the amount. Please to acknowledge the receipt per return.

"I am, Sir,

"Your obedient servant,

"W. TRAYNE.

"PRO CLERK.

"William Trevor, Esq., Surgeon, &c., Dulverton."

POOR-LAW AUTHORITIES: MR. DESHON'S CASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The importance of my case, and the interest it has excited among the profession, will prove my apology for again addressing you thereon.

The Guardians of the Sturminster Union are so annoyed with me for holding up their iniquity to public denunciation, that they have determined to get rid of me in some way or other. This they have endeavoured to do, by passing a resolution to the effect, that after Lady-day next, there shall only be three instead of four Medical Districts, thus antagonizing a former resolution, not three years old, when they considered on my appointment, that it was desirable for the sake of the poor to have four Medical Districts; nay, they have even gone further, and a false report having been circulated that I have disposed of my practice, conditionally on getting the appointment of Medical Officer for my successor, they are determined that no friend of mine shall be elected (!!) thus sacrificing the poor at the shrine of private pique.

The cause of all this, (consequent on my treating Mr. Jacob's threat of reporting me to the Board for refusing to attend to the order of an officious Guardian with the contempt it merited,) must be apparent. The reason which he had for declaring the case improperly treated, and which he expressly stated to the

boy's mother, is specially worthy of notice; "There was only one long splint, and no short one over the seat of fracture."

Should the Sturminster Board of Guardians withhold the fee in this instance, it is my intention, for the welfare of my professional brethren, immediately to take proceedings against them. But I hardly expect their rashness to proceed to such a length.

In answer to the letter of the Poor-Law Commissioners, published in the *Provincial Medical and Surgical Journal*, of Nov. 6th, I acknowledged the receipt of their decision upon a complaint against me, *which had never been preferred*, and acquainted them that I still awaited the result of their deliberations upon the charges I had made against Mr. Jacob and others. The Commissioners then acknowledged that these persons had acted illegally, (which every one knew before,) but as regarded admonition or reprimand they were silent.

I venture to assert that this is one of the most important cases to the profession that has happened since the establishment of the new Poor-Law Act, and calls with a voice that cannot be stifled for some immediate and decisive alteration. Whether viewed as regards its origin, progress, or termination, it is one compound of injustice, fraud, and corruption.

Believe me to remain,

Very faithfully yours,

HENRY C. DESHON.

SIR JAMES GRAHAM'S MEDICAL BILL.

BATH MEETING.

At a meeting of the Medical Profession of the City of Bath and its vicinity, held on Tuesday, October 29th, for the purpose of taking into consideration "A Bill for the better regulation of Medical Practice throughout the United Kingdom;" George Norman, Esq., F.R.C.S., Senior Surgeon to the Bath United Hospital, in the chair.

The following resolutions were adopted:—

"That this meeting, deeply impressed with the necessity of new legislative enactments for the government of the Medical Profession, as well to uphold the just privileges of its members, as to secure the interests of the public, feel much indebted to Sir James Graham, Bart., M.P., her Majesty's Principal Secretary of State for the Home Department, for bringing the subject before Parliament, and also for the time afforded for its due consideration.

"That this meeting regards with satisfaction the proposed institution of a Council of Health and Medical Education; but is of opinion that the nomination of six members by the Queen in Council would give an undue influence to the state in the government of the profession; and considers that the minutes of the proceedings of the Council should be at all reasonable times open to the inspection of every registered medical practitioner.

"That the plan of registering all qualified practitioners is entitled to the approbation of this meeting, who regret, however, to find that its advantages are counterbalanced by that part of Clause 18 of the proposed measure, which compels a physician or surgeon, who has obtained letters testimonial in one

part of the United Kingdom, to pay the usual fees on joining the medical or surgical college of another, should he remove thither for the purpose of practice.

"That this meeting submit to the consideration of Sir James Graham and her Majesty's Government, that, as the army, navy, hospitals, prisons, workhouses, and all public charities, requiring medical and surgical assistance, will be protected by the bill against unqualified practitioners, so should the public at large possess equal advantages. It therefore regards with alarm the entire abolition of the protection afforded by the Apothecaries' Act, limited as that protection was to one branch of the profession, without the substitution of some more enlarged provision to defend the public against the nefarious practices of ignorant and unskilful pretenders to medical and surgical knowledge.

"Resolved, that this meeting view with abhorrence the baneful and too often fatal effects produced on her Majesty's subjects by the use of quack medicines, and would earnestly pray that should her Majesty's Government still deem it expedient to continue their support to that which this meeting consider both disgraceful to the nation, and injurious to the public, they will at all events cause the contents of all such medicines to be examined by the Board of Health; that, if injurious, they may be forbidden.

"Resolved, that a copy of the above resolutions be sent to Sir James Graham."

A committee of seven gentlemen was then formed to prepare a Petition to both Houses of Parliament, agreeably to the above resolutions; to confer with the Members for the city and adjoining counties; and to call a meeting hereafter, should anything occur during the progress of the bill to render it advisable; and a vote of thanks was given to the Chairman, Mr. Norman, and the Honorary Secretary, Dr. Tunstall.

The resolutions were severally moved and seconded by Mr. Soden, Dr. Daniell, Messrs. Waldron, George, Brown, Gore, Flower, and G. Goldstone, Dr. Cardew, Messrs. Crang and Ormond, Dr. Pring, Messrs. Bayley, Bagshawe, Field, Wilson, Brown, and Fernandez, Dr. Ferguson, and Mr. Hunt, and the following gentlemen were also among those present at the meeting—Doctors Crawford, Spry, Tarleton, Tunstall, Dyke (Corsham), Lloyd, Dillon, Watson, Storer, Young, Wheelwright, Atcherly, Hodges, Gee; Messrs. C. Bayliffe (Chippenham), T. Washbourne (Corsham), Cox, Butt, W. Bush, Bartrum, Skinner, T. Barrett, T. King, H. Massy, Lloyd, Church, Jenkins, Deans, Cowan, Greene, Linte (Corsham), Conway Edwards (Bath-easton), Skeate, J. Marshall (Phillip's Norton), Hanham, Evans, Ashley (Wick), Spender, Bayntun, Cowcher, Marriott, Boodle (Chilcompton), Hensley, Munckton (Box), Barker (Wantage), Barter, Evans, R.N., J. Soden, Ritchie, G. King, Barnes, J. Goldstone, Harries, Hitchens (Tiverton), Morgan, Taylor, (Trowbridge), Woodman.

NEWCASTLE (STAFFORDSHIRE) MEETING.

At a general meeting of the Medical Practitioners of North Staffordshire, held in the Guildhall, Newcastle-under-Lyme, on Thursday, October 24, Charles

Flint, Esq., of Leek, in the Chair; the following resolutions were carried unanimously :—

"That this meeting fully admits the necessity which exists for a well considered plan of Medical Reform; and while it observes with satisfaction that the bill lately introduced into Parliament by Sir Jas. Graham, 'for the better regulation of Medical Practice throughout the United Kingdom,' contains many beneficial clauses, yet, in the opinion of this meeting, if the bill in its present form be permitted to pass into a law, it cannot fail to prove detrimental to the public, and seriously injurious to the medical profession.

"That the Apothecaries' Act of 1815, although imperfect, has proved of great service to the public, and by requiring a higher standard of professional knowledge of the Medical Student, previous to examination, has thereby contributed to the advancement of medical science; and the unconditional repeal of that law will not only prove injurious to the public, but unjust to the profession. That in the opinion of this meeting, the infliction of a penalty by a summary legal process on all persons who shall practice medicine or surgery, without being on the register, would operate as a powerful check to such practice."

Petitions to both Houses of Parliament were adopted, and a committee was appointed to watch over the progress of the measure, and to take such steps as may be judged advisable to obtain the co-operation of Peers and Members of Parliament connected with the northern division of the county, in endeavouring to get the objectionable clauses of the bill amended.

The movers and seconders of resolutions were Dr. Wilson, Messrs. Davenport, Goddard, J. B. Davis, Booth, Garner, Seddon, Astle, Tait, Head, Walker, and M'Bean; and among other gentlemen present were Dr. Mackenzie, Dr. Wood, Messrs. Blunt, Bakewell, Davenport, jun., H. Davies, Dudley, C. Flint, Hallam, Harrison, Spark, Troutbeck, and S. M. Turner.

DERBY MEETING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have to beg the favour of you to give insertion in your next number to the following few words of explanation, to render the report of what I said at the Derby meeting more intelligible.

All plate must have the stamp of Goldsmiths' Hall, as the test of its purity.

No pilot, I believe, can be allowed to direct the course of a ship until he has been examined and approved by the Trinity House.

And no one can act as a district surveyor until he has undergone examination, and is approved by examiners appointed under the recent Building Act.

After having adverted to the fact, not generally known, of the distinction to be made between the professional and the trading portions of the Company of Apothecaries, between which there is no necessary connection, although I am not in the confidence of that Society, I have reason to believe, on what I consider to be good authority, that the Society do not desire to retain exclusively the right to direct the edu-

cation, examination, and licensing of the candidates for general practice, if this power is conferred on persons belonging to the order of general practitioners; and in addition, I would beg leave to recommend the careful perusal of the "Address" recently published by the Society of Apothecaries, as a most able analysis of Sir James Graham's Bill.

I remain Sir,

Very faithfully yours,

THOMAS MARTIN.

Reigate, Nov. 22, 1844.

PETITION OF YORKSHIRE PHYSICIANS.

The following being the concluding paragraph of the petition agreed upon at a meeting of physicians practising in York, and the West Riding of Yorkshire, held at Normanton, was accidentally omitted in last week's Journal :—

"That your Petitioners respectfully pray that you would introduce such other modifications in the details of the proposed measure, more especially with reference to the 'Council of Health,' which your deliberative wisdom may suggest, and which may realize the reasonable wishes of the Practitioners of the United Kingdom, may augment the efficiency of the proposed bill, and secure from ultimate defeat a legislative effort, made with the honest desire of obviating the injurious anomalies of a profession in whose honour and ability are deeply involved the interests of every subject of these realms.

MEDICAL INTELLIGENCE.

M. Ballard has recently been elected a Member of the Academy of Sciences, in the Section of Chemistry, in the room of M. D'Arcet, deceased.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, on Friday, Nov. 15, 1844 :—H. Browne, J. C. Forster, T. R. Trayer, W. B. Ferguson, J. P. Ranskill, J. Johnston, S. S. Brame, H. E. Cullen, S. Mossop, E. H. Vinen, N. Mannix, J. Squire.

TO CORRESPONDENTS.

Communications have been received from Mr. Sands Cox; A General Practitioner, of thirty years standing; Mr. A. J. Wood; Dr. Chadwick; The Sheffield Medical Society; Mr. J. Morley; A Provincial Surgeon.

If a Member of the Association will give his address, he shall receive an answer on the subject of his letter, which will, we doubt not, prove satisfactory to him. We may take this opportunity of observing, that we cannot undertake always to attend to communications which are not authenticated by the signature of the writers.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

LECTURES ON PUBLIC HYGIENE AND MEDICAL POLICE.

Delivered at the Manchester Royal School of Medicine and Surgery. Summer Session, 1844.

By JAMES BLACK, M.D., Manchester.

LECTURE V.

There are various employments, in which great numbers of the inhabitants, especially of the younger class, in all manufacturing countries, are engaged; and which, either from the confinement in closed buildings or other restricted places, or from exposure to the vapours of substances under manufacture, or from the manipulation of them, prove more or less detrimental to health and vigour, and many of them productive of disease, and tending to shorten life. It, therefore, often falls to the duty of the medical practitioner, either from a public requisition, or from municipal or private desire of investigation, to enquire into the hygienic effects of such various employments upon the health and longevity of those exposed to their influence, in order that he may deliver an opinion how far, and in what manner, these influences extend and operate, and be enabled to point out how any ascertained evils or injurious tendencies may be corrected or removed.

On some of these subjects many crude and gratuitous opinions have been delivered, without sufficient information and data having been previously acquired; and no little controversy has, from time to time, been exhibited, not much to the credit of that calm and philosophic spirit which at all times should characterize the investigations and evidence of professional men, when applied to, as men of science, close research, and of benevolent yet independent minds.

If we were to enumerate every profession and trade that has more or less influence on health and longevity, we might begin with those which, in common opinion, might seem rather to promote the one and to prolong the other, than to be anywise injurious. *Affluent idleness* may seem to be above the reach of any special evil of this description; but when we consider the long catalogue of such disorders as hypochondriasis, tedium vitæ, dyspepsia, and gout, to which such a life is subject, we may

well place the rich and the idle in some analogous category with the artisan and the operative in a hygienic respect. But as the characteristic ailments of this privileged class are never likely to become an object of medical inquiry and police, we shall pass them over. We may also say the same of the diseases and infirmities to which *literary men, clergymen, lawyers, schoolmasters, and clerks*, are in every speciality liable; and we shall not even touch upon what ailments our *own profession* are most addicted to, though, if we may judge from reports and complaints, poverty and hope deferred would seem the more general and endemic maladies. The diseases of *merchants, master manufacturers, and shopkeepers*, depend more upon the *morale* of the individuals, than upon any thing specially belonging to their occupations. It is not so, however, with the *shopman*: he leads a very different life; early and late at the shop, and in many instances his hours of rest are abridged by the duties of his business, which afford him no time to take exercise in the open air. This is peculiarly hard on young persons from the country, who, from their close confinement, and being immersed in the smoky atmosphere of a town, and in narrow streets, often become early victims to such insalubrious changes.

The diseases to which *sailors and soldiers* are more particularly liable we defer to notice, from their belonging more to the public service than to medical police; and it would be carrying our hygienic review perhaps too far, for us to point out any feasible insalubrity in the occupation of the *agricultural labourer*. The same may be remarked of *carters, postillions, and coachmen*. *Quarrymen and stonemasons* are, however, liable to serious unhealthiness, from the minute dust, which they create, entering the air passages during respiration. This often gives rise to a species of phthisis, and such persons are generally not long lived. Those who work under sheds are more liable to be affected than those who work in the open air. *Marble-cutters*, for the same reason, are unhealthy, and even the employment of a sculptor cannot be held a good one for a person of delicate lungs. *Knife and needle-grinders* are in a similar but more severe predicament. They are subject to what is called the *grinder's rot*, which is an incur-

able consumption, and carries off many of these artisans after a few years at the business. Currents of air and interposed plates of glass have been used to remedy the evil. Screens of magnets have also been employed to arrest the steel and iron particles, which they very effectually do, when paid attention to by the workmen; but they do not in any measure abate the small dust from the grindstone, which is almost as injurious.

Besides needle, edge-tool, and gun-barrel grinders, iron and brass filers, being subject to frequent and many diseases, arising from the metallic dust and particles which are carried into the lungs by the workmen employed in these occupations, many other classes of workmen become diseased in their respiratory organs, and are short lived, from inspiring the fine molecules or dust to which they are exposed, such as sawyers, millers, starch-makers, flax-dressers, weavers, wool-carders, feather-dressers, horn and pearl makers. All of these are universally short lived, and the lesion to their lungs consists in the mechanical irritation to which they are subjected, and not to any poisonous quantity in the particles inhaled. It is not so with dyers and printers, whose hands are exposed to the manipulation of many substances, both metallic and vegetable, which are either of a poisonous nature, or are highly irritant to the animal body. Besides the fumes and sudden changes of temperature to which they are exposed, their trades are otherwise injurious to health. It may be thought that *bleachers*, from the great changes of temperature to which they are subjected at their work, would be very liable to disease, but I have observed they keep particularly exempt from all complaints, except rheumatism, and they may be considered a very healthy class. I took the trouble a few years ago of measuring the relative height, and girth round the chest, of 100 bleachers, 100 cotton-spinners, and 100 men, rank and file of the 85th regiment, in order to see what might be the relative differences between these very separate orders of men, as to their exposure to the air and their employments.

I have here noted these measurements, along with the average ages:—

100 cotton spinners: average age 26.71 years; average height 5 ft. 4.64 inch.; average measure round the chest 32.67 inches.

100 bleachers or crofters: average age 32.12 years; average height 5 ft. 6.75 inch.; average measure round the chest, 34.24 inches.

100 of 85th Light Infantry: average age 32.67 years; average height 5 ft. 7.37 inch.; average measure round the chest, 34.8 inches.

None of the spinners were above 45 years of age, while seven bleachers were from 50 to 63.

Besides those diseases resulting from the inhalation of particles of dust, that serve to act only as mechanical irritants to the respiratory organs, there is another large class of disorders which are occasioned by the poisonous or sedative nature of

the molecules inhaled, and from which the workers in mercury, lead, brass, copper, and arsenic, frequently suffer. As plating and gilding have been almost always effected by the amalgams of gold and silver with mercury, the fine particles of this latter metal are constantly liable to be absorbed by the hands of the workmen, or inhaled, in the state of vapour, when the metals are exposed to heat to drive it from the amalgam. Besides many diseases to which such workmen are liable having the character of cachexia, they are frequently affected by a special palsy of the arms, which are seized with convulsive snatches, and at length with habitual tremor. This paralytic tremor often eventually creeps over the whole body, and convulsions and death follow. Several means have been used as a preventive, the chief of which has been frequent ablution, but it is hoped that the new process of electrotypes will in time save the workmen from much of the dangerous fumes to which they have been exposed in these manipulations.

The large class of people who are employed either in the mining of lead, its smelting, manufacture of its oxides, or in the use of the metal in its various forms, as plumbers and glaziers, painters in oil and water colours, typefounders, and colour-grinders, are much subject to that species of colic, called *colica pictorum*, and also to a particular kind of palsy, affecting the forearm and wrist. In the manufacture of white and red lead, which is carried on to a large extent in some establishments, employing a great many workpeople, I have found, what is interesting, that women are less affected than men with the deleterious nature of the metal or its oxides; and I am led to attribute this superior exemption to the female sex perspiring more freely, so that metallic particles are more effectually thrown off the body. Ablution of the hands and exposed parts of the body has been a very good preventive of the peculiar ailments attending this employment; and those workmen who practice this regularly, have been long exempt from any disturbance of the system. Light acidulous beer or lemonade, slightly acidulated with sulphuric acid, and drunk occasionally through the day, has been found in some few establishments to diminish much the number of affected persons. As this acid, the sulphuric, acts by forming an insoluble salt with the oxide, and so becoming not easy of or fit for absorption, and is of itself not deleterious, it is very philosophical to think that its more general use, along with daily ablution at least, will be found a good preventive of these disabling and often fatal complaints.

It may be, as it has been, the case, that we may be called upon, as a matter of medical police, or where there has been a presumption of accidental poisoning, to investigate and give our opinion, whether water for drinking or for culinary purposes be contaminated with lead, or with any of its salts

or oxides. Health has been ascertained to be frequently injured from such sources, so that in many cases it becomes an object of much importance to detect and verify the presence of this metal or its compounds, in any waters that are used for the above purposes. It has been a matter of much discussion, whether water can hold in solution so much of any of the compounds of lead as to prove at all deleterious; while much difference has existed as to the form in which the metal has been, where a poisonous effect has been clearly ascertained.

From many experiments and observations made by Drs. Thomson, Lambe of Warwick, Christison, and also by Capt. Yorke, it has been found that pure distilled water has the greatest solvent power on the metal, and next to distilled water, rain and snow water have the most power. The state into which the metal is converted is an hydrated oxide, combined less or more with carbonic acid. The danger of contamination is greatest from new lead, on which these waters act with their greatest corrosive power, but when the metal becomes coated over with a film of the carbonate, which is nearly insoluble, the metal underneath is protected, and so the waters may become free from any plumbeous impregnation. Therefore rain water collected from newly laid leaden roofs, ridges, or gutters of houses in the country, is the most liable to be impregnated, and I have known two instances in this county where serious derangement of the health of two families, and death in one of them, occurred from this cause. The lead that is kept covered with water, as under the water line in cisterns, is not affected, it is only where the air and the water act together; thus in examining a leaden cistern we find, just at and above the level of the water, a white incrustation, which is the carbonate of lead, while below this level the metal remains clean and uncorroded. The remedy and prevention of this poisonous solution are easy and simple, for it is found that a very small addition of some of the salts and acids, as the phosphate or acetate of soda, or even of common salt or nitre, or of the sulphuric or muriatic acid, keeps the carbonate from forming, or else decomposes it, and an insoluble salt of lead is formed, which sinks to the bottom. As most of our river and well-waters contain small portions of earthy salts, they are kept by them sufficiently pure in cisterns, or when running through leaden pipes; and as the atmosphere of our large towns is much contaminated with adventitious acids and salts, as sulphurous acid and ammonia, the rain-water collected in our cisterns is preserved so far innocuous.

A *Conseil de Salubrité* at Paris, lately made an enquiry into how far the leaden cisterns used by bakers was apt to injure the bread; but they seemed to consider that the only contamination that could arise was from the carbonate of lead, and

this they held to be quite insoluble, always falling to the bottom. They decreed, therefore, that the bakers might be permitted the use of leaden reservoirs, if they put a cock three inches from the bottom of the reservoir, in order that if any of the insoluble carbonate be formed, it might be deposited in the water below the cock, and that the reservoir be cleansed out once a month. For greater security, the bakers were required to cover the lead which lines these reservoirs with a coat of wax, to prevent the formation of any carbonate in any condition of the contained water. A more effectual preservative is found by lining the cisterns of lead with tin. Lead may be detected in water if present in any minute portion, by first carefully filtering it, then acidulating it with a drop or two of nitric acid, and evaporating to dryness. From the residue any excess of nitric acid is expelled by heat, before it is dissolved in distilled water, to which sulphuretted hydrogen, hydriodate of potass, or the chromate of the same, may be applied to discover the lead. In addition to what we have generally stated as to the preventive power of the neutral salts, it is found that 1-30,000th part of phosphate of soda, or 1-4000th of sulphate of lime, 1-2000th of muriate of soda, 1-7000th of sulphuric acid, and 1-3000th of muriatic acid, will preserve water free from all but the most harmless impregnation of lead.

As lead, or its oxides, is found frequently in various articles of food and drink, and to have an injurious effect upon health, we are also called to investigate these matters. The principal articles in which the metal is found, are wines—especially the aerated, ciders, some fruit preserves, and food that has been prepared in glazed dishes, but as these matters belong more to the toxicological part of our course, we will not enter upon their consideration at present. We also defer noticing the manufactures of soda, muriatic acid, and sulphuric acid from pyrites.

There is no employment that has excited so much public attention and enquiry, and has been so much discussed, as to its effects on the health, morals and longevity of those employed in it, as the manufacture of cotton, especially as regards the spinning process. If we were to believe some men, even of eminence in our profession, the employment is a species of wilful and heartless infanticide—a perfect altar to Moloch; and if we could credit others, equally respectable, but apparently better acquainted with the process, it is not only a healthy occupation for childhood and adults, but also a preventive, if not a means of curing consumption and cachexy. Like many questions of a similar kind, the assertions are derived either from separate data, or from a foregone conclusion founded on the abstract views of physiology applied to unknown conditions. My own observation has shown me that while some establishments situated in towns have an insalubrious effect upon the operatives, and

especially upon the children, arising also from their modes of living and their habitations, others again, situated in the country, have exhibited quite a salubrious and beneficial effect upon the health, morals, and comfort of those employed. The object of the Factory Act has been to improve the hygiene in the worse-conducted and badly-located establishments; and though its provisions have been thought by some to be very stringent, and to interfere too much between the employer and the employed, yet upon the whole, it may be allowed to have improved the physical health of the operatives.

To show how difficult it is to come to a just and satisfactory conclusion, even when the subject is investigated in the most public manner, and by the most respectable and able private observers, we may remark that in Mr. Sadler's parliamentary committee, there was an undoubted perversion of facts pervading the whole of its enquiries, with a subtle commitment of medical men to the side obviously espoused by the leading members of that committee. On the other hand an eminent chemical philosopher has excessively eulogized labour in cotton mills, as contrasted with rural pursuits. The faults of exaggeration and partiality in the selection of illustrative cases, lie seriously at the doors of such reporters; and more recently Dr. Taylor has betrayed somewhat too much of the same bias in his praises of cotton mills and their wealthy owners.

That scrofulous affections and phthisis prevail much in all manufacturing communities, especially in large towns, is a matter of acknowledged occurrence and observation; but then these complaints are found to prevail in all densely inhabited towns, whether there are any cotton manufactories in them or not, and this especially among the poor living in narrow streets, in filthy, dark and ill-ventilated cellars and lodgings, seldom or never perhaps reached by the sun's rays. In proof of this insalubrity not being attached *par excellence* to manufacturing towns, I may instance Liverpool, which has a higher rate of mortality and a presumably greater prevalence of disease than Manchester, principally owing to the former, a non-manufacturing town, having a vastly greater number of people living in dirty cellars.

As to the comparative mortality in the two towns, of all ages under 15, to show how children and infants are affected, the ratio of deaths in Liverpool is to the whole deaths, as 60.75 per cent., while that of Manchester is only about a half per cent. higher, being 61.27 per cent. Mr. Noble, in a paper read before the British Association, in this town, showed that the deaths from consumption in the factory district of Manchester were actually fewer in proportion to the deaths from all causes, than in the agricultural county of Essex, being as 4 to 21 in Essex, and 3 only to 19 in Manchester; and a similar favourable ratio for

Manchester was deduced, when compared with the rural parts of the country in general. Something of this favourable nature is reported by Dr. Mauthner, of the cotton-works, in Lower Austria, in which about 10,000 hands are employed, within a circle of a few miles round Vienna. He says, from the registers that have been duly kept by the clergymen for forty years, that the number of deaths among the manufacturing people, is proportionably less than among the agricultural labourers; that, as among other classes, the deaths are most numerous of children under two years, and that there are a great many who die between 60 and 70. In these foreign establishments the hours of labour are longer than in this country, being generally fifteen hours, including time for meals, but the people are well lodged, and they are temperate in their habits. To balance this view in some degree, Dr. Mauthner says that the race of men employed in those establishments is much less robust than that of the peasantry in the neighbouring villages, and that scrofulous consumption is not uncommon, while inflammatory diseases are rare. Rheumatic affections are the only peculiar diseases incident to the employment.

M. Villermé, a great medical statistician, says of the French factories,—“See these operatives, and you will soon be convinced that these things never inconvenience them. Singular mistakes have arisen in attributing to working in factories, diseases induced by protracted labour, want of rest, insufficiency of food and its bad quality, habits of improvidence, drunkenness, and to say all in one word, wages below the actual wants of the recipients.” We are, moreover, confident in our own conviction, that many diseases that have been attributed peculiarly to manufactures, are not specially to be found among the population dependent upon them; and that the evils both of a physical and moral character affecting the working classes, are more to be assigned to their domestic and personal habits and relations, than to their *industrial* ones. In further corroboration of this opinion, I had occasion to visit the workhouse at Liverpool lately, and I there witnessed in the children's wards such a number of declared scrofulous affections and sores to which there is nothing similar to be compared, no, not to a tithe, in the Union Workhouse in this town, which contains nearly as many inmates.

That the race of adults in factories is physically deteriorated, there can be no doubt; and if it were not for fresh immigration from the rural districts, they would be more so. From the Army Report, it is found that a corps levied from Wales and the northern counties of England, will last longer than one recruited from the towns of Birmingham, Manchester, or the metropolis; and out of 613 men enlisted, almost wholly from the manufacturing districts, only 231 were approved for service. Manufactures undoubtedly deteriorate the race of men.

How far the physical development of the male operatives would have been kept up and promoted under this species of industrial employment, if no females, at any age, had been allowed to enter a factory as a daily operative, it is not easy to predicate; at any rate, from observation and experience, it may safely be inferred that the moral and domestic condition of both sexes would have been greatly better than at present, and wages would have maintained a higher level, and in this exclusion of females lies the radical reform of this system. Much however has been done to ameliorate the system, for the ten-hours labour has been all but enacted by Act of Parliament, and none are allowed to enter the mills under nine years of age. Not many years back children were liable to be worked fifteen hours a-day, while Dr. Baillie gave his opinion that children might be admitted to work in factories at seven years of age,—an opinion which no medical man would now venture to deliver.

In the woollen factories it appears that the batting of wool occasions much less dust than that of cotton, and that little even of inconvenience is felt from it. The spinning of wool also requires only a moderate temperature, whereas that of cotton requires a very high one. In the silk manufactory it is considered that the early processes, such as drawing the silk from the cocoons, are alone decidedly unhealthy, and any results that take place are those on the general health, rather than special affections arising from the employment.

We come now to notice the hygienic state of another very numerous and important class of people employed in very different situations, and in quite a different species of labour from those which we have yet considered, viz., the condition of those employed in mines, and especially in coal mines. The nature of this employment, especially as it affects the health, morals, and development of children and females, has lately attracted much of the sympathy and benevolent attention of the public, and from the investigation of a parliamentary committee, an Act has been passed to counteract what has been considered injurious yet avoidable in this species of labour, and especially in excluding females entirely from working under ground. Like all subjects hastily taken up in the spirit of philanthropy, there is reason to think there has been not a little exaggeration in the published reports of the evils, both moral and physical, that have been alleged to accompany and follow the employment in mines, and in several instances the pictures of slavery and vice have been grossly caricatured. It is with this, as with the cotton factories, the evils depend more on the customs and mode of labour in separate districts and under different owners, than upon any necessary accompaniment or result of the kind of labour itself. For while in some districts the lowest state of ignorance, grossness of morals, and severity

of labour upon women and children prevail, in others, as in some of the mining localities in the west of Scotland, a high state of morals among the operatives exists, and they are as well educated and as attentive to their religious duties, as any portion of the agricultural community around, and even where females worked in the mines. The South Shields committee, in their late valuable report, say, that no women nor girls are employed in the north of England mining districts, and they further say, it is surprising that so little physical injury should be the result of the labour among male children. They are decidedly of opinion that no restriction should be placed on the admission of boys to the mines beyond 11 or 12 at the latest. Boys must be early brought up to the work, else they will never, when further grown, take to a mine—a circumstance which has been much overlooked in many fine plans propounded on this subject.

There are no special diseases to which coal-miners are subject, save those which are the obvious result of exposure to wet and damp, along with frequent changes of atmospheric temperature, and the inhalation of coal dust, and these causes declare themselves in recurrent attacks of rheumatism and bronchitis. On the whole, however, they may be termed a healthy class of people, and many of them are very robust; and their spasmodic complaints result more from their intemperance than from any special causes attending their employment. The principal invasions of their health, physical ability, and longevity, arise from the accidents to which they are so liable, and to which so many are the fatal victims. Contusions, wounds, fractures, and dislocations, are familiar accidents among them, occasioned by misadventures in the shafts, falling of the roof of the mines, and the minor effects of explosions of either gunpowder or of the fire-damp. Though the recent Act of Parliament has wisely upon the whole provided for the exclusion of children and females from the sphere of these terrible accidents, yet it has not ventured to provide a preventive of the fatal effects, so often resulting from the devastation of that demon of the bowels of the earth, the fire-damp, nor offered a premium to any that will effectually conquer or disarm its power. We think this would be a most benevolent devotion of a little money, and a challenge to the sublimest aspiration of fame, when we consider, that, from correct statistical returns, during twenty years previous to the adoption of safety lamps, when only steel mills were in use, 679 lives were lost from explosions in the mines in this country, while from 1820, or the twenty succeeding years, when the lamps were in general use, 744 lives have perished from the same cause, leaving a balance against the lamps of 65 lives. It is true there has been an increasing business done each succeeding year, but the chief cause of this fatal disparity, appears to be, the greater inattention to ventilation, and too much confidence in

the lamps, which are, at least, but imperfect safeguards, when the gas gets much accumulated, and the lamps become hot from internal combustion and explosions. The wire in the best of the Davy lamps soon becomes red hot, and the least wind or movement of the lamp, throws the internal flame on to the gauze, and the dangerous atmospheric without is ignited; or else others, as Dr. Clanny's are apt to go out, when the fire-damp is very rife, though his, or Museler's, of Belgium, is thought to be much better than Davy's.

The nature and habitudes of the gases in coal mines are exceedingly interesting, and though they have been investigated by able chemists, there is much to be yet ascertained, especially as to the proportions in which they act as inflammable and explosive mixtures. They are found to consist of light or the proto-carburetted hydrogen, the olefiant or the bicarburetted, and sulphuretted hydrogen, which are all three inflammable. We have also those gases which constitute the choke and after-damps, the carbonic acid and the nitrogen gases. The *proto-carburetted hydrogen*, which is very light, having only a specific gravity of 0.5382, composes the greatest portion of the fire damp, but it requires for explosion, according to Davy, 7 to 25 per cent. of it to be mixed with atmospheric air. If it is in greater proportion than 25 per cent. the mixture will not explode, owing to the want of a due proportion of oxygen, and if less than 7 per cent. it will be too much diluted for quick explosion. *Olefiant gas*, which is also called the heavy carburetted hydrogen, because it has a gravity of 0.9722, exists in many mines beyond what is supposed. It explodes at a lower temperature than the other; iron heated red hot will ignite it, and thus the lighter gas may be fired. Professor Bischoff found the fire-damp in the coal mines of Belgium to consist in 10,000 parts of light carburetted hydrogen 7910, of olefiant gas 1611, and of other gases 479 parts, and this may very probably be a sample of the fire-damp in several of our mines. *Sulphuretted hydrogen* is very heavy, being 1.1805, and is extricated from the decomposition of iron pyrites, which ordinarily contains 45 to 50 per cent. of sulphur. It causes instant death by inhalation, and ignites at the least visible heat of iron, therefore a red hot lamp will explode it.

Carbonic acid gas is more or less generated in all mines, and frequently accumulates in the workings or bays of coal mines, to a dangerous pitch, so as to extinguish lamps and candles; but even before it reaches this intensity it is dangerous, and in time will be fatal to animal life. Professor Graham even says, that 7 per cent. of carbonic acid in common air would be powerfully narcotic, and soon kill, from repeated respiration. Being a heavy gas, of specific gravity, 1.5277, it is found always at the bottom and lowest parts of the shaft and workings, and is termed the choke-damp by

miners. Its first effect, from an inhalation of the pure gas, is an immediate stricture or irritative closure of the glottis, and the person dies asphyxiated; but where the gas is diluted with common air, death slowly takes place from the narcotism induced by the accumulated carbonization of the blood.

To illustrate the effects of these inflammable and other gases, before and after explosion, we shall suppose a certain dangerous atmosphere to consist of one volume of light carburetted hydrogen and ten volumes of common air, which forms one of the most explosive mixtures. This mixture may be respirable for a while, but its dangerous nature may be perceived by the safety lamps, which will be getting hot by the confined internal explosions, which, however, the miners may not strictly regard. Soon, however, an explosion takes place, either from exposing an open candle, opening the lamp, or from its getting red hot, or even from its being carried quickly through the fatal mixture, so that the internal flame is thrown on the hot wire-gauze, by which the exterior mass is ignited.

The explosion having taken place, what is the result in a chemical view to account for the death of the poor victims, on the fact that they have been asphyxiated by what is called the *after-damp*? Now, as we had one volume of the carburetted hydrogen, which is composed of two volumes of hydrogen and one volume of carbon vapour, making three volumes when the gas is decomposed, and we have ten volumes of air, it is easy to see what will be the result if the explosion has been complete. The two volumes of hydrogen will unite with one of the volumes of oxygen in the air to form aqueous vapour, and one volume of carbon vapour will unite with the other volume of oxygen to form one volume of carbonic acid, while the nitrogen—eight volumes will be set free—the whole making eleven volumes the same as at first, but in the meantime suffering a great expansion from the heat of explosion, and the decomposition of carburetted hydrogen. Now the nitrogen will be found filling the upper and middle regions of this residual atmosphere, while the carbonic acid will be at the bottom, and may extend to about six inches from the floor of the passages. Hence the nitrogen may make a man insensible till he falls into the heavy gas, where he is soon asphyxiated. The nitrogen is merely *negative* in its effects; the carbonic acid is, however, positively poisonous, and will kill even by immersion, with the mouth protected. On inspecting these victims after they are found, many of the marks are those of asphyxiation, but there are also signs of great violence on the bodies from concussion and contusion.

Professor Christison thinks some other injury than simple asphyxia takes place in the death under these circumstances, as the bodies very soon putrify, in some analogous manner, as from electricity.

Before we finish this subject, it may not be irrelevant shortly to take notice of a law in pneumatic chemistry which has been alleged to prevail among all the gases, and tending to modify their independency of action. This law is called the law or property of *diffusion*, whereby gasses of whatever different specific gravities, have the property of diffusing themselves among each other reciprocally, atom to atom, or two or more atoms of one species to one of another, and that even though an animal porous membrane be interposed. This property, so beautifully exemplified in the laboratory and in some of the operations of atmospheric phenomena, would have been of essential importance among the different noxious gases that are generated in mines; but unfortunately it does not seem to hold good in such subterranean laboratories. Whether this exception is owing to the want of the solar light, of a sufficiency of medium, or from want of a due intermixture from currents of air, it is not easy to ascertain; but carburetted hydrogen and carbonic acid gases are always found separate, according to their specific gravities.

Professor Graham asserts that the light gases diffuse themselves most rapidly; thus hydrogen escapes from an aperture five times quicker than carbonic acid gas, which is twenty-two times heavier. In the case of an intimate mixture of the two gases, the most diffusive gas separates from the other and leaves the receiver in the greatest proportion. Mr. Taylor, the eminent scientific miner, says, no practical value can be deduced from the law of diffusion, as applied to mines. "At the highest point," he says, "I found a very explosive mixture, and no trace of carbonic acid could be detected by lime-water. At the lowest point, the mixture was not explosive, and there was a good deal of carbonic acid. We cannot therefore, it appears, calculate upon any results of this law in mines; it is of little or no use."

In the *after-damp* also, the law of diffusion does not hold good, for the different products of nitrogen and carbonic acid gas that remain in the passages, are still affected by their particular specific gravities, and are found existing in the lower and higher regions of these places, according to their respective weights.

In concluding, gentlemen, these few lectures on public hygiene and medical police, I cannot but express to you how superficially and inadequately I feel that I have treated these deeply important subjects; in fact, I have been enabled to give you only a syllabus of what should have been delivered on these matters, involving as they do, so much of the health, well-being, and comfort of the community; but in justice to the other necessary and more strictly professional parts of our course of lectures on forensic medicine, we have been obliged to confine ourselves to a mere summary of what we would, otherwise, have had much pleasure and interest in more fully discussing.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 543.)

IRRITATION AND CONGESTION.

The red particles of the blood are endowed with physical properties which fit them for the fulfilment of a very important purpose in the mechanism of the circulation.

These minute solids are extremely elastic. When compressed between glass, they recover their form on the removal of the pressure, and rush through the serum with a motion which is independent of the containing fluid, some moving with more rapidity than others, some remaining stationary in the liquor sanguinis, while others bound off from those with which they may have come in contact. Their want of attraction for one another depends also on their elasticity.

As elastic bodies, the red particles receive a greater impulse from the heart than the liquor sanguinis. From their vast number, however, and the influence of capillary attraction, which is exerted between solids and liquids, the fluid is carried forward in an almost equal velocity with the solid portions of the blood.

Capillary attraction may be exercised between solids and fluids, as in the instance of the red particles and liquor sanguinis, above noticed; and in that of capillary tubes and liquids. Or, it may be exerted between closely approximated surfaces with or without the intervention of a fluid. When moist surfaces are put in apposition, the attraction is rendered more powerful; for then, owing to the intervention of a liquid, there is a double attraction exerted by the surfaces; for the fluid, and for each other; and therefore a closer approximation of the surfaces. Of this physical law the capillary vessels, when emptied of their globules and most of their liquor sanguinis, afford a striking example. Then, these vessels collapse, and many of them are no longer visible. In the tail of the tadpole, and in the web of a frog's foot, the capillaries appear somewhat flattened, as if formed of superimposed membranes, united at their edges, and merging, laterally, into the adjacent tissue. A dark, irregular line on either side appears to mark this union, which in many instances is lost when the vessels are emptied.

Not only the opposite sides of capillary tubes, but of vessels considerably greater in diameter, must be within the sphere of capillary attraction. This remark extends to the extreme veins and arteries, as well as to the lymphatic vessels.

The following simple experiment will afford some idea of the real diameter of a capillary vessel.

Let two pieces of paper be gummed together, or two gum wafers of different colours be stuck face to face, and the united edges cut even, and set up in the field of a microscope by the side of an injected capillary. It will be found that an apparent space exists between their conjoined edges; a space which is equal in width to the diameter of the injected capillary.

In fact, the opposite surfaces of capillaries are within the sphere of mutual attraction, even while the circulation advances, and the tendency which they have to approximate, exerts a principal share in regulating the capillary circulation. The elastic red particles, in traversing the capillaries, offer an effectual

resistance to the closure of these tubes; for they appear to follow closely upon each other, even when their interval is magnified to the utmost extent. The direction of their current is determined by the known forces which maintain the circulation; but those forces are aided materially by an agency which tends to adapt the diameter of the capillaries to that of the globules of blood; to diminish it, when the circulation is arrested, in a direct ratio to the quantity of globules left; and, thus, to render the force of the heart, which is in an inverse ratio to the diameter of the vessels, available to the utmost extent during returning circulation.

If a drop of blood be placed on glass at the margin of a thin plate of talc, it will be attracted towards, and, as is well known, will creep into the capillary space. When the spontaneous arrangement of the blood, thus disposed of, is observed with a microscope, it will be noticed that the globules do not rest upon the same level, but one upon another. By pressing upon the talc with a needle, and changing the focus, it will be found that the capillary space may be cleared of the globules around the spot where the talc is compressed; that by relaxing the pressure gently, a single layer of globules will rush into view, and by removing it entirely, a wave of blood, two or three globules deep, will roll over the first layer.

When blood corpuscles are thus compressed, they are more flattened than natural, but resume their former shape when set free. The exercise of this elastic property of the globules is the cause of the ascent of the talc in the preceding experiment, and of the return of these bodies to their former arrangement. So far the globules of the blood evince sufficient elasticity to resist the attraction which opposite surfaces exert.

Two surfaces made to adhere by means of a saline fluid, are so closely in contact as scarcely to admit blood-globules. Talc and glass thus made to adhere, and a drop of blood placed at the margin of the talc, the blood-globules penetrate in small numbers, comparatively, and only in a single layer, of which the globules are far apart, and have only advanced a line or two; in fact the globules do not penetrate with the same facility as when the interval of the glass and talc is dry. When capillaries are once empty, the apposition of their walls excludes the blood-globules to a great extent, much in the same manner as above.

A few words may be added on the lymphatic circulation. The presence of valves in a vessel implies the existence of some opposing force, calculated to impede the movement of its contents. The valves of the veins afford an instance of this, and are so formed as to neutralize the effect of gravity, and render the contractions of the muscles available, as an auxiliary force, to impel the venous blood in the direction of the heart only; a force which would otherwise distribute it equally in that and the opposite direction. But the lymphatics are capillary tubes, the force of gravity therefore can exercise no influence upon their contents. The valves which they contain must consequently have a different use to the valves of the veins. It has been remarked above that the heart determines the course of the current, but that the pressure of the sides of capillaries, by adapting the diameter of the vessels to their contents, increases its rapidity. This reasoning applies equally to the movement of the lymph, except

that in the former instance the heart directs the current by impulsion, in the latter by suction.

The effect of this capillary force, exerted by the delicate surface of the lymphatics upon itself, without the interposition of valves, would be to create an oscillating movement throughout the length of a vessel, whenever the volume of its contents was diminished by the suction of the heart; whereas, the presence of valves, by putting a check to retrograde movement, causes the force of the pressure to take effect only in the direction of the heart.

The preceding remarks will assist the reader to acquire a clearer understanding of the physiology of congestion, as relates to the lessened diameter of capillary tubes which succeeds to arrest of circulation.

Congestion as above defined (VII.), might be more correctly distinguished by the name of sub-inflammation, as it is the invariable antecedent of the true inflammatory process. Such a distinction would serve to separate it from other forms of capillary disorder which are likewise called congestion, and all of which acknowledge a different pathogeny.

Recent observers have corrected the ideas, but left the language of science in an unsettled state; if they have introduced fresh terms, the new have but inadequately responded to the wants of knowledge. The difficulty of defining a state of disease by means of a single term, is insurmountable: a full sentence, even is unequal to the purpose. Hence the necessity of retaining words, which by usage, have attached themselves in so comprehensive a manner to states of disease, as really to mean the states themselves in their most ample and recent developments. These remarks apply particularly to inflammation, the philosophical value of which term, in no wise concerns pathology.

The term sub-inflammation, applied instead of congestion, to the process (VII.) which immediately precedes inflammation, would be free from objection, inasmuch as it embraces all that it is intended to signify; while *erubescence*, or *vital turgescence*, is sufficiently expressive to denote the class of facts which comes under definition VI. Even this normal phenomenon is sometimes called congestion, as in speaking of the turgescence of erectile tissue and analogous facts.

VIII.—*When irritation subsides, the velocity of the circulation is restored to its natural state; exhalation is re-established, the usual diameter of the capillaries is regained, and the globules recover their elasticity.*

The consequences of this form of congestion (sub-inflammation) may thus undergo a process of cure by resolution, which consists in the separate steps of functional disturbance being retraced, as defined above; or may advance into inflammation.

(To be continued.)

REPORT OF MIDWIFERY CASES OCCURRING IN PRIVATE PRACTICE.

By KENRICK WATSON, Esq., F.R.C.S., Stourport.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

At the present crisis it appears to me to be very desirable that the attention of the profession and of the public should be directed to the necessity of all

persons, both male and female, who engage in the practice of midwifery, being more or less educated. This, perhaps, would be done most effectually, by practitioners in different parts of the kingdom publishing the result of their practice, with the view of showing the proportion of cases in which the life of both the mother and the child depended upon immediate assistance. With this intention I beg to offer for publication the result of 800 cases of midwifery, of which I have kept an account. With reference to the unusual number of dangerous cases, I would merely observe that they constituted a large proportion of the difficult cases occurring in the neighbourhood, many of them residing several miles from my house.

I am, Sir, yours very truly,

KENRICK WATSON.

Stourport, Nov. 5, 1844.

The following is the result of 800 cases of midwifery of which I kept an account during a period of eighteen years:—

Premature labours	12
Twin cases	18
Face presentations	14
Breech ditto	11
Presentations of arm, &c.	11
Dangerous flooding	17
Convulsions during labour	3
Ditto after birth of the child	1
Rupture of the vagina	3
Ditto of an artery in the labia pudendi	1
Cases where it was necessary to open the head	12
Severe flooding after extraction of the placenta	2
	105
Natural Labours	695
	800

Of the premature births several were occasioned by one or both parents being affected with syphilis.

In two cases in which the arm presented in the vagina, the placenta had been over the os uteri, but had been forced into the vagina by the protrusion of the arm. The flooding in the first instance, in both cases, had been violent, but had ceased when the placenta was forced into the vagina. The women in both cases were strong and healthy, and the uterus strongly contracted round the body of the child.

Of the seventeen cases of severe flooding, fifteen arose from the adhesion of the placenta over the os uteri; and in two cases the placenta was not so situated, and the flooding ceased after the membranes were ruptured. Of the fifteen cases one died before I got to the house, and one soon after she was delivered. She had been flooding two or three days before I saw her. In these seventeen cases four children were saved.

In one of the cases in which the head was opened the woman was dropsical. She had been in labour many hours; the uterus was so thin that the limbs of the child could be distinguished by the touch through the parietes of the abdomen. The uterus was dilated, the head was large, and the bones detached. After the head was punctured, about a quart of fluid was discharged, as the bones were so loose that they afforded no hold to the crotchet. I passed my hand by its side, and brought down the feet. No

contraction of the uterus followed; the re-introduction of my hand produced no effect, the uterus continued like an empty bag, with the placenta attached to its fundus. I gave her brandy and ammonia, poured cold water on the abdomen, and then injected cold water into the uterus without the least effect. I then applied a thick compress upon the abdomen, and a flannel roller round the body. There was no discharge of blood at the termination of two hours. I left her in the charge of her medical attendant, and in the course of the night she died.

The case in which a rupture of the labial artery took place, was attended by a midwife. Two hours after delivery, she complained of pain and swelling of the right labium, bearing-down, and discharge of blood from the rectum. She died on the third day. Upon examination, thirty hours after death, the perineum and surrounding parts were found injected with blood; the integuments of the abdomen emphysematous, a cavity in the labium lined with coagulated blood, and communicating with the rectum, through a laceration about half an inch in extent.

In two cases the placenta was diseased. In one, the maternal part was left firmly adhering; great irritative fever supervened, with very offensive discharges, but by injections into the uterus, bark and acids, the woman, who was nearly fifty, recovered. In the other, a discharge of water took place in the fourth month, and continued to recur from time to time till the seventh month, when labour commenced. At this time the uterine tumour was divided into two parts. When the os uteri was sufficiently dilated, I passed my hand and found the foetus, with the membranes entire, occupying one half of the uterus, and the placenta and a quantity of grumous blood, the other half. So far as I could ascertain, the putrid mass was formed by blood and hydatids. The woman recovered.

In one case there was a knot on the umbilical cord, and in another, a rupture of the umbilical artery. In a third case the child was apparently seized with convulsions before labour commenced, and died. The woman when at work, ironing, in a very hot room, became faint from the violent motion of the child; it shortly became still, and never moved again. She was delivered on the fourth day afterwards, and the child was in a state of decomposition.

Several cases required the use of the lever or the forceps, and in no case, unless the death of the child was evident, was the head opened till one or other of them had been tried.

Out of the 800 cases seven proved fatal,—three from rupture of the vagina; two from flooding; one from rupture of an artery in the labia pudendi; and one, in which the head was opened and the child putrid, where peritonitis had either preceded, or occurred during, labour.

EFFECTS OF MIASMA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As the etiology of disease has always excited the attention of the medical practitioner, perhaps you will deem the following contribution, abstracted from my

note-book, of sufficient interest to merit a place in the pages of the *Provincial Medical and Surgical Journal*.

Yours obediently,

JOHN C. SMART, M.D.,

Licentiate of the Royal College of Physicians.

Scarborough, November 12, 1844.

October 15, 1838; visited M. Hart, servant of all-work in the family of a farmer. She possesses a strong, robust constitution; had a diarrhoea which commenced a few days ago, and ceased on exposure to cold. She now presents the following symptoms:—countenance wild and flushed; slightly incoherent; violent spasmodic action of the muscles of the lower jaw coming on in paroxysms; constant thirst and dryness of the throat; pain in the abdomen, diffused, continued, and increased by pressure; skin hot and dry; pulse 115, hard and full; tongue loaded with a brownish-white fur. The treatment adopted was actively antiphlogistic, followed by salines. She recovered in a fortnight.

On the 22nd of September, 1839, I was requested to visit Anne Hunter, aged 19, servant in the same house, a tall, strong made young woman. About a fortnight ago, during the regular menstrual period, she drank copiously of cold water; the discharge was suspended, but no difference in the state of her health was perceptible until the present evening, when reading the bible by the side of her mistress, she suddenly complained of a pain in the little finger of her left hand, which rapidly extended, she glided from her chair and lay on the floor insensible; violent convulsive action of the voluntary muscles ensued, which continued with only momentary intermissions until I saw her. She presented the same flushed countenance, hot, dry skin, full and rapid pulse, abdominal pain, etc., observed in Hart's case. Active antiphlogistic treatment was resorted to, which relieved the more urgent symptoms; the muscular action became less intense, and together with the pain entirely ceased in three or four days, and was succeeded by mild febrile action, which subsided in ten days, and she soon regained her strength.

In the autumn of 1840, I attended, at the same house, two servant maids; one aged 21, the other 15, presenting the same symptoms, but somewhat milder; and yielding to similar treatment.

I was told that two other servant maids had been attacked in like manner, the year previous to my being called in to Hart: one of whom died.

The foregoing cases viewed separately would excite but little attention; yet, recurring as they did, year after year, at a season when vegetable decomposition is most rife, it became necessary to investigate the cause, and take some precaution against it. A few yards from the kitchen door was a pool, fed by water that percolated through the manure of the fold-yard: this the farmer told me had existed during two or three generations, and nothing had ever been laid to its charge; however, I advised him to drain it off, with which he complied; and up to this time (November, 1844) no more cases have occurred.

It will be observed that the spasmodic action was confined to those muscles moving the inferior maxilla, and the muscles of the pharynx, in Hart's case. In the others, although there was well marked and painful constriction of the pharynx, the whole system of

voluntary muscles was violently excited, and in two of the cases required great force to control them, and prevent mischief arising from the extraordinary exertion made by the patients; which was considerably mitigated by a liberal abstraction of blood, but not entirely subdued, until the secretions were freely promoted by the potassio-tartrate of antimony, combined with chloride of mercury.

Since it may seem extraordinary that the servant maids alone should be attacked, whilst the remainder of the family enjoyed immunity from a disorder, which there is reason to suspect arose from miasm, created by the decomposition of vegetable or animal matter in the above mentioned pool; I may add that the mistress of the house, mother of a large family, was always distinguished for her activity up to the year 1837, when her previously good health and cheerful disposition gave place to anxiety, inaptitude for any mental or bodily exertion and, disorder of the digestive organs, for which medicine only afforded temporary relief. The ordinary period of gestation was curtailed by miscarriages, three of which occurred between 1837 and 1840, and were attended with considerable difficulty and danger. In 1841, the year after the pond had been filled up, she recovered her former vigour, again became pregnant, and was delivered of a fine child at the full period, and has enjoyed good health ever since.

A retrospect of several years extensive practice, in an agricultural district, brings to my recollection many instances, where whole families have been prostrated by a fever, that I strongly suspect was engendered by allowing the refuse of cattle-folds to decompose in heaps, collected close by the dwelling-house, and saturated with a fluid that ought to have been drained off and collected in a tank, thus forming a most valuable manure to enrich the soil, instead of being the means of introducing sickness into the household of the farmer, and often severing his nearest ties.

PROVINCIAL *Medical & Surgical Journal.*

WEDNESDAY, DECEMBER 4, 1844.

Among the many responsible duties which must early devolve upon the Council of Health, should that portion of the Medical Bill which establishes such a body pass into a law, is a review of the legal provisions relating to the condition of the insane. The number of this most afflicted class of our fellow-creatures, existing in England alone, has been estimated at twenty-one thousand; but as this does not include either private or union cases, there is reason to fear that the estimate falls very far short of the truth. How important, then, does it become that the arrangements for the care and protection of so large and so helpless a portion of the population, thus rendered incapable of protecting themselves, and placed as it were without

the pale of all social privileges, should be entrusted to those who have the requisite knowledge to comprehend them, as well as the power to enforce them. That abuses must occur, under whatever system of management and control it may be deemed advisable to place the insane, is but too certain; for all human law is imperfect in its essence, and the very necessity for its restraints implies also the temptation and the wish to evade it. Such a state, however, inseparably connected as it is with our present condition, only renders imperative a greater degree of circumspection on the part of those whose duty it is to devise the remedy, and of watchfulness on the part of those who are to apply it.

Much has been written on the advantages and disadvantages of public and of private asylums, and the abuses to which they are respectively liable. We are not about to enter fully into this subject, nor to investigate the charges which have been brought against the presumed selfishness of the proprietors of the one class of establishments, or the asserted negligence of the superintendants of the other. There are many honourable exceptions in both cases, and as the legal provisions for ensuring the necessary attention to the welfare of the inmates of these establishments are confessedly imperfect, and, perhaps, must of necessity long remain so, it will be well to derive a lesson from the exceptions, and to seek some safeguard from evils which the law does not, and it may be cannot, altogether prevent, in the personal character and responsibility of those to whom this most important and responsible of all trusts shall be committed.

When the wisdom, and humanity, and general sound principles of those in power can be trusted, no government for persons not in a condition to protect themselves, can equal the paternal exercise of an authority, guided rather by general benevolence than compelled by the restraints of law. While, therefore, we would not have any security, which these last can give, neglected in the code of arrangements for the regulation of all establishments, whether public or private, intended for the reception of the insane, it should seem to be a principal object to provide also for the influence of higher motives in the administration of these arrangements. This object can only be attained by due regard being had to the personal character and qualifications of the superintendants; and were

we called upon to particularise, it would be easy to point out establishments, both private and public, in which the personal qualities of the proprietors and superintendants have supplied all the deficiencies of existing legal provisions, and rendered them models upon which similar institutions of either class may be most beneficially constructed. Some of the public asylums will readily and at once suggest themselves; and we can assure our readers that there are also private houses, conducted, not by unprincipled, but by gentlemanly and high-minded persons, who will not stoop to commit the acts of which they have been two indiscriminately accused.

The main end and object to be attempted by legislative measures, is the attainment of humane and effective superintendence in every instance. The licence, then, for conducting such establishments should be granted to professional men only, for none others can be duly qualified, and to none but those who can bring unexceptionable testimonials, not only from members of their own profession, but also from other persons of respectability, who have had some years experience of the private character for humanity and general good conduct, as well as of professional ability. In deputing so high a trust as the care of an irresponsible fellow-creature, to the sole charge of the proprietor or superintendant of a lunatic asylum, some provision of this kind becomes absolutely necessary. But what is the practice at the present time? A tradesman has made a considerable fortune, and he wishes a larger amount of interest for his capital than the public funds or the usual modes of investment will return. He becomes the purchaser of a lunatic asylum, places some uneducated man, possessed of a sufficient amount of tact and courage, in charge of it, and appoints him a small salary, leaving him to improve it, as he best may, out of the allowances for the domestic part of the establishment. Again, a metropolitan physician is frequently consulted in mental diseases; he does not see why the interest which he has in the patient should be confined to the consultation fee; he therefore sets up a lunatic asylum, puts some widow or matron in charge, and himself lives at the west-end of the town, out of reach of the annoyance and trouble of the asylum, contenting himself with occasional visits, as few and as far between as the pressure of other occupations may render expedient.

Another serious evil is the not fixing some definite limits both to the number and description of the patients received into private establishments. Without some specific provision of this kind there is the constant temptation, whenever a case offers, and there is not sufficient room for its reception, to crowd the patients. This is sometimes done to considerable inconvenience. We have heard of an instance, where an unfortunate gentleman, though paying as much as three hundred pounds per annum, was removed out of a comfortable apartment into a wretched room, damp, and without light; and there he hung himself. Due classification of cases is no less to be attended to, for if a patient who has been accustomed to the luxuries and refinements of society, is thrown into contact with those belonging to the pauper or to an inferior class, he is necessarily exposed to many annoyances, and feels himself degraded and depressed, to the manifest aggravation of his malady. The pauper lunatic is fully as entitled to every benevolent attention and care as the lunatic belonging to the higher ranks, but the external circumstances of comfort or luxury to which the latter may have been accustomed, render it necessary that a similar consideration should be awarded to him, in the new and unhappy circumstances in which he is placed by his malady. Establishments therefore in which patients of this description are to be received, should be provided with apartments corresponding, in some degree at least, to their previous habits, and should possess also those other accommodations to which their intended occupants have been accustomed.

These and other points to which we cannot now refer, will, we trust, soon receive that attention which the nature of the case calls for, but in the meantime we would advise our professional brethren, themselves to consult the welfare, in this respect, of those patients who may come under their care, by recommending, when it becomes necessary to send them to an asylum, only those establishments under the care of a medical proprietor, or in which there is a resident medical superintendant of high character and respectability, both professional and moral.

REVIEWS.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, Ph. D., Chemical Lecturer in the Middlesex Hospital Medical School, and to the Pharmaceutical Society of Great Britain, with numerous Wood-Engravings. London. 1844. Fscap 8vo., pp. 566.

This is one of that admirable series of manuals published by Mr. Churchill, for the use of students, and others, who may wish to gain an elementary knowledge of the various subjects of which they respectively treat. It is printed in the same style, and illustrated on the same plan, as the excellent Manual of Natural Philosophy by Dr. Golding Bird, which we had occasion to notice some time since. We do not pretend to have read the treatise before us: the microscopic type, close printing, and a due regard to the preservation of optical organs, already somewhat overtasked, forbid us the indulgence. But we have carefully looked the work through, and taken the opportunity of consulting those portions of it, in which the rapid advance of chemical science renders every new treatise a new authority; and it is no more than justice to say that the chemical student will find the Manual of Dr. Fownes written up to the present state of our knowledge, as well as an excellent guide to the acquisition of the facts and general principles of the science. There are many useful hints on the construction of apparatus for different purposes, and several of the illustrations will be found of great service, as pointing out the methods of employing glass tubes, and other substitutes, for the costly contrivances at one time considered indispensable. In the sections which treat of the chemistry of metals, and of organic chemistry, the literal formulæ, expressive of the nature and composition of the substances described, to the number of which modern chemistry has so greatly added, are given throughout, thus rendering the work valuable for reference, as well as a manual of elementary instruction. Some modern treatise, embracing all these details, is necessary for every medical practitioner, and we cordially recommend the one before us, as well calculated to furnish the requisite information in a cheap and convenient form. The smallness of the type is unquestionably an objection; but then, on the other hand, the volume contains what, in former times, would have occupied three or four goodly octavos, and would not have been procurable at five or six times the cost.

Guy's Hospital Reports. Second Series. No. IV.,
October, 1844.

The present number of these Reports is a great improvement on some of its predecessors, and is indeed precisely what a collection of hospital reports ought to be. We would first briefly direct the attention of those engaged in medico-legal investigations

to Mr. Taylor's remarks on the chemical processes for the detection of morphia and meconic acid. The frequent occurrence of cases throughout the country, similar to the one which gives occasion to these remarks, renders them of general interest and importance, and though with the extensive abuse of opium in the shape of Godfrey's cordial, soothing syrup, and other preparations of like character, especially amongst the children of the poor, such instances must be continually occurring, the more ready and precise are our means of detecting the existence of the poison, the greater will be the moral effect produced whenever they become the subject of judicial inquiry. The object of the latter part of Mr. Taylor's paper is to show—"1st, the degree of solubility of opium in water; 2ndly, the difficulties connected with the analysis of morphia and meconic acid, and the most striking chemical properties of those bodies; 3rdly, the relative power or delicacy of the tests for morphia, with the smallest quantity of that alkaloid susceptible of detection; 4thly, the degree of solubility of meconic acid in water; 5thly, the limit of the power of a salt of lead to precipitate and separate meconic acid in opiate mixtures; and 6thly, the smallest quantity of meconic acid susceptible of detection, either free or combined with the oxide of lead; and by inference the smallest quantity of opium." The value and importance of Mr. Taylor's paper to the medical jurist will be sufficiently evident from the preceding summary.

The next paper "On the action of Digitalis and its uses in diseases of the Heart," by Dr. Munk, is an attempt to define the properties of the various preparations of this remedy and their application to fulfil different indications. The author is of opinion that the tincture is the form in which digitalis acts with the greatest certainty and effect as a sedative on the heart, while, as regards the diuretic influence of the drug, he has derived the most advantage from the infusion. The powder he considers to be the least certain and most unmanageable of the preparations of digitalis; of the extract recently introduced into the Pharmacopœia, he has had no experience. Many judicious remarks will be found in this paper, on the precautions necessary to be observed in prescribing digitalis, under different states of the constitution, and in different forms of combination, whether as a sedative and antispasmodic, or as a diuretic, and the physician will derive some useful hints from a perusal of this short but practical communication.

The great feature, however, of the present number, and that which stamps its value as an hospital report, is the series of classified clinical reports with which it concludes. This series consists of, first, "Select Clinical Reports, with Observations," by Dr. Barlow, and an "Appendix to Dr. Barlow's Paper," by Dr. Lever; 2nd, "Medical Reports from the Books of the Clinical Wards with Remarks," by Mr. Brereton; 3rd, "Report

of Cases of Injuries of the Abdomen;" and 4th, "An Abstract of the Two Half-yearly Reports of the Clinical Society, for 1843," by Dr. Birkett.

Each of these reports is of great interest. Dr. Barlow's comprises a series of cases of constipation, with an analysis of their symptoms, and an explanation of certain of these symptoms, deduced from a consideration of the actual seat of the obstruction, and as a consequence the diagnosis, from the presence or absence of the symptoms referred to, of the probable seat of the obstruction in any individual case. Mr. Brereton's medical reports comprise—1st, cases of fever, with bronchial complication, and 2ndly, cases of fever with abdominal complication. The observations with which each series is illustrated, are highly practical, and the comparison of the symptoms and of the effects of treatment leads to many important considerations. Dr. Birkett's abstract is enriched with numerous tables of great interest to the student of medical statistics.

The reports altogether are such as only a large hospital could afford, but at the same time we must observe such as every large hospital ought to furnish. It is much to the credit of the school at Guy's Hospital to have produced such a series, and while we cordially recommend this publication to general notice and support, we would at the same time express the hope that the example will not be lost upon other similar establishments, and especially upon those which are connected with the Provincial Schools.

SHEFFIELD MEDICAL SOCIETY.

Fourth Meeting, November 14, 1844.

(The President in the Chair.)

HYDROCELE.

The President exhibited the left testis of a patient with hydrocele, who had been admitted into the Infirmary a few weeks back. His age was 41. The hydrocele had been tapped before admission. Some time elapsed after admission before the operation was performed, on account of the very dilated state of the venous system in almost every part of the body, and especially on the scrotum. The appearance of the patient indicated heart disease, but he made no complaint of anything more than the hydrocele, and in compliance with his wish this was tapped, and about ten ounces of fluid evacuated. The sac was injected with iodine, and after a few days, being in a very solid state, although diminishing in bulk, as his heart symptoms increased very much, he was transferred to the care of Dr. Favell. On withdrawing the canula, there was considerable hæmorrhage, which soon ceased on the application of cold lotion. After death the testis was removed, and a small quantity of fluid, semi-sanguineous, was found in the sac, the parietes of which were covered with a gelatinous covering, presenting the result of inflammation. The sac was much thickened; testis healthy. There were several large veins traversing the external coat of the sac.

VALVULAR DISEASE OF THE HEART.

Dr. Favell then exhibited the heart, a portion of the descending aorta, and a portion of the liver, taken from the same patient. The heart was larger than natural, but the thickness of the parietes was not increased. The right auriculo-ventricular opening was so much dilated that there seemed to be no division between the two cavities. The valve was healthy, but would not nearly close the opening. The mitral opening was of normal size, but a ring of bony matter existed at the insertion of the valve. The aortic valves were slightly indurated. The pericardium was throughout closely adherent to the heart, and the whole of its anterior surface was ossified.

Dr. Favell stated that at the time when he first saw the patient, the countenance was of a purple colour; the pulse extremely small and frequent, about 200 in the minute; and the breathing very laboured. The dulness over the region of the heart was more extensive than natural. The rhythm of the heart was very irregular, and a strong blowing was heard synchronous with the systole, and most distinctly a little above the ensiform cartilage. There was considerable jugular pulsation.

The man had suffered from two attacks of rheumatic fever, but had never complained of palpitation, nor any other sensation directly referable to the diseased condition of the heart. He had complained of cough and slight dyspnoea for about six months before he came into the hospital. The lungs were healthy.

The aorta showed the incipient stage of atheromatous deposit; the liver was large, and its veins were much enlarged; the white tissue of the liver also was hypertrophied, and the whole mass firmer than natural. There was some effusion into the abdomen.

FEVER: ULCERS OF THE ILEUM AND COLON.

Mr. Chesman exhibited a portion of ileum from a man aged 22, a prizefighter. He came under treatment, October 21st, suffering from fever; he was considered cured on the 30th, and went home. On Nov. 2nd, he returned, having a cold, which on the 6th, became low fever. Head symptoms supervened, and on the 9th, he died. Having been fighting a short time previous to his first admission into the Union poor-house, an inquest was held, but on inspection no injury could be detected. The ileum and colon were found considerably ulcerated, and there was enlargement of some of the glands. He never had any symptoms of abdominal disease.

CRANIAL TUMOUR.

Mr. Chesman exhibited the head of a child, aged three years and a half, of the following dimensions:—

From the naso-frontal suture to the posterior margin of the foramen magnum, twenty inches; from one meatus auditorius over the head to the other, seventeen inches and a quarter; circumference of the head, twenty-three inches and a half.

Over the left frontal protuberance was a tumour of the size of a large orange, membranous, but having in its centre a small portion of thin bone. This membrane arose from a projecting portion of bone, almost circular, whose diameter was three inches and a half, and contained about half a pound of serum; when this was evacuated, it appeared as if there was a shell of bone below, which was not complete, as the fluid ran from this cell into the cavity of the skull. The roof

of the orbit was nearly convex. On puncturing the right side of the anterior fontanelle, about five pints of serum were drawn off. The body was of a ricketty appearance, and much emaciated, and there was spina bifida of the size of a hen's egg in the lumbar region. The child had possessed all its faculties until a day or two previous to its death, but generally lay on a sofa with its head raised. Until five months of age the head had been normal, but then increased. The right hemisphere of the brain was low down on the base of the skull, but the left appeared to be attached to the left side of the skull, although collapsed. No examination of the brain was instituted; the skull was presented to the museum of the infirmary, as also was the specimen of ulceration of the ileum before mentioned.

SPINA BIFIDA.

Mr. Porter then detailed a case of spina bifida, and showed the preparation, which he had presented to the museum of the Infirmary. The child was six months old. A short time after the birth, he was requested to look at a swelling on the back and found a small tumour on the sacrum, at its upper part, which was of a purple colour, thin and flacid, the base about the size of a crown-piece. On examination the spinous process of the last lumbar vertebra was absent. A compress was applied. At five months old the tumour was found to have gradually increased and to be as large as a cricket ball, the parietes thin and transparent, except at the base, where the integument was healthy. The child had perfect use of his limbs, and was in good health, but rather thinner, and the excretions were natural. A very fine trochar was introduced, and six ounces of colourless fluid evacuated very slowly; compression was made at the same time, and the child did not appear to suffer. In six days the tumour had filled to nearly the same size. The sac, before like a bladder, appeared to be thicker, but there was no paralysis nor convulsion. The sac was again punctured and six ounces of fluid of the same character evacuated. Ten days after, the child was much weaker, feverish and irritable; fluid had again collected, but not to such an extent, the tumour being about the size of a small orange, and the parietes thickened; but on the twelfth day the skin became very red over the swelling, and there was slight excoriation on the surface. On the 23rd day the child was seized with a convulsion which lasted some time; the tumour was red, and there was ulceration as large as a crown-piece. Convulsions recurred two or three times every day during the next eight days, when a small black spot in the centre of the ulcer gave way, and several ounces of clear fluid escaped; the patient died on the ninth, the 32nd day after the second operation.

On examination two days after death, the parietes of the tumour were found relaxed and of a purple hue, except in the centre, where a dark slough was seen. On laying open the sac, the chord was seen escaping from the canal, below the fourth lumbar vertebra. The spinous processes of the last lumbar vertebra, and the sacrum were wanting, leaving a furrow only. On emerging from the canal the chord divided into fasciculi, some passing through the anterior sacral foramina, to form the plexus, and others intersected the sac, and were firmly connected with the posterior wall, where they appeared to expand on the lining membrane. There was no appearance of inflammation

in the sac or membranes of the chord. The sciatic nerve was of its usual size.

Mr. Porter then gave the statistics of twenty-one published cases, from which it appeared a large proportion occurred in the sacral region, and then the lumbar, and from the results of these cases he drew the conclusions, that spina bifida is not necessarily fatal, that it does not appear that the results of surgical interference are very encouraging, and that puncture is the only operation which is worthy of trial.

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

[These observations were originally addressed to Dr. Charlton, the Secretary of the North of England Medical Association, and published by the Council of that Association. They are here reprinted with some additional remarks and alterations.]

In considering the bill of Sir James Graham, we may in the first place rejoice that the subject of Medical Reform has at length been brought before Parliament, and under such auspices as will secure for it some degree of attention. The provisions of the bill are for the most part such as we have been led to expect from the reports which have at different times got abroad respecting it. In some points, it would, if enacted, constitute an improvement on the present state of things: in others it would place us in a worse condition than we occupy at the present time.

The establishment of a Council of Health, &c., is a most important step. Such a body might be rendered highly advantageous in many ways, and would tend to obviate many of the incongruities of which we have now to complain in medical education and government. The control of the Universities and Colleges by a general council would be most useful. The *Times* objects to this feature of the bill, but I think without reason: what institutions are more in need of supervision? Is it proper that in the same profession, so many establishments should have uncontrolled power to make each its own regulations, irrespective of the rest, particularly when as in some cases the same body of men, in addition to the making of such regulations, act in the twofold capacity of teachers and examiners of their own pupils? whose fees depend on the number of *successful* candidates for degrees, diplomas, and licenses, while the institutions to which they belong are enriched by the admission of the same? One of our greatest defects consists in the want of uniformity in the conditions upon which parties are admitted to practice, a defect which has given rise to a very unfair competition, to the admission of improper parties, and to the consequently inordinate overstocking of the profession. This evil clause 19 of the bill is *intended* to obviate, and such an arrangement it has ever been one of the main objects of reformers to accomplish. The 14th clause would ensure a *complete* education for general practitioners—at present we have *mere* Licentiates of the Apothecaries' Company styling themselves "surgeons," while many whose sole qualification consists in a surgical diploma, are acting as general *medical* practi-

tioners. The bill would furthermore yield reciprocity of privilege, by abrogating all local restrictions, and enabling the qualified practitioner to exercise his vocation as such in any part of the United Kingdom.

A register of qualified practitioners is also a useful provision. The age at which parties are to be admitted as physicians and surgeons is an improvement. It will tend to secure for these departments accomplished and learned men. Some will continue their studies until the prescribed age, others will in the interval between 21 and 26 occupy themselves in general practice. Clause 16 would oppose an effectual barrier to foreign degrees attainable by purchase.

The bill would annihilate the Apothecaries' Company as an examining and licensing body for medical men. This is another improvement, and in saying so I am actuated by no feeling of disrespect towards the Company. On the contrary, I am desirous to give it credit for having done its best to administer, with advantage to the public and the medical profession, a very defective Act of Parliament; and in its hour of trial I should be most unwilling to deprive it of the consolation it must derive, from the sympathy of those who formerly displayed but little affection or respect towards the "Old Hags of Rhubarb Hall." But agreeing in opinion with Mr. Green and others, that the office of examining and licensing the general practitioners of England should never have devolved on a "city guild and trading company," I feel but little sorrow in the prospect of this duty being transferred to the Colleges of Physicians and Surgeons. The improvements in medical education made by the Apothecaries' Company have, in my humble opinion, been somewhat over-rated. The court of examiners have from time to time increased the number of classes and lectures, &c., to be attended by the student, but I question whether they have increased in a *corresponding degree*, his actual and practical attainments. The system of "grinding" has flourished *pari passu* with the augmented curriculum of Apothecaries' Hall, and the licentiate has entered upon practice with his head "crammed" with a huge mass of ill-arranged and undigested matter. His education has not, in fact, been of a sufficiently practical character. I will do the Company the justice to say, that the five years' apprenticeship entailed upon it by the Act of 1815, has stood very much in its way as an educational establishment.

Clause 25, for securing efficiency of examination, is amongst the good parts of the bill. Written or printed questions, furnished by the Council, might, with a view to uniformity, constitute a part of the examinations of the different boards.

Clause 30 distinctly states, that unregistered practitioners shall not recover at law charges for advice, &c. It does not so clearly give that power to the registered, although such may be inferred to be the meaning of it. Physicians being "registered persons," would, I imagine be entitled under this clause, to a legal claim for payment of their professional services. The clause might be made more explicit: a clearly defined right to remuneration for *advice, attendance, and operations*, would strengthen the hands of those general practitioners, who are endeavouring to abolish the system of making their charges dependent on the quantity of medicines supplied to their patients.

Clause 31 renders it penal for any unregistered person to style himself a "physician," "surgeon," or "licentiate in medicine and surgery;" (these are the titles under the bill,) but if I mistake not, he might call himself a "general medical practitioner," or even a "doctor of physic," with impunity. The clause is good—as far as it goes.

The foregoing appear to me the provisions of the bill, which, *if carried out in a proper spirit*, would render it, so far as they are concerned, a measure of utility both to the public and the medical profession. To sum up briefly, I would say, that in establishing a Council of Health, placing the whole profession under the superintendence of one presiding body, controlling the Universities and Colleges, promoting uniformity of qualifications, insuring a complete education for the general practitioner, abolishing local restrictions and yielding reciprocity of privilege, providing a register of qualified practitioners, fixing a more suitable age for the admission of physicians and surgeons, preventing the importation of degrees attainable by purchase, releasing the profession from its connection with a trading company, adopting means for securing efficiency of examination, giving to all registered practitioners power to recover charges for attendance, &c., and making it a misdemeanour to assume falsely certain titles, the Bill would constitute an improvement in medical legislation.

(To be continued.)

HOMŒOPATHY—MEDICAL ETHICS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subjoined letters will explain themselves. Were this merely a private matter I should not seek to occupy your valuable pages with it. I am induced to believe, however, that it has a more general interest to the profession, as indicating the proper course for its regular members to pursue in, what may sometimes prove, difficult circumstances. If you agree with me, and deem it of sufficient importance, you will, by giving insertion to it, oblige,

Sir, your most obedient servant,

CHARLES CHADWICK, M.D.,

Physician to the Leeds General Infirmary, &c.
Leeds, November, 1844.

(Copy.)

"12, South Parade, November 8th, 1844.

"Sir,—The position which a medical man holds towards his professional brethren is of such moment to him, that he cannot but be anxious to set in its true light every action that is likely to affect it. You will therefore not be surprised that I should be desirous of stating, as is done in the following lines, the sentiments I expressed on Tuesday evening last, in the conversation I had the honour of holding with you. I have besides another object in addressing you: it is to request that you, in like manner, will relate in writing the substance of what you expressed on the occasion referred to. I am led to hope that you will not withhold compliance with this request, from your having informed me that the views to which you then gave

utterance, had been formed during nearly a week of deliberation; they may therefore fairly be presumed to be precisely such as you had on reflection determined to be right. I may also be allowed to remind you that since what passed between us is likely to be the topic of conversation in many circles, it would be well that the mention of so unusual a procedure, as your refusal to accept as an acquaintance one holding the same professional degree with yourself, and who was introduced to you by a mutual friend, should be accompanied by the statement of the reasons which in your opinion justified such a step.

"I stated to you, that believing as I do in the superiority of Homœopathy in the treatment of disease over the prevalent medical systems, my practice must differ from that of the majority of the profession, and by this circumstance we appear to be mutually precluded from meeting in consultation. I cannot, however, discover why this should prevent the customary interchange of professional courtesies. Myself differing conscientiously from others, I am willing to believe that they as conscientiously differ from me, and acting on this belief, I am anxious to show that I have no wish to allow these differences of opinion, to be an obstruction in the way of courteous and friendly intercourse with my professional brethren. And to this intercourse I looked as the possible means of removing, sooner or later, those differences of opinion as to the treatment of disease which at present divide us.

"I have the honour to remain, Sir,

"Your obedient servant,

"F. W. IRVINE.

"To Dr. Chadwick."

[Copy of reply.]

"Leeds, November 11, 1844.

"Sir,—I shall not shrink from the position, however unenviable, into which you seem anxious to draw me, by making me accountable for the disappointment you naturally experience at your professional reception here, but at which you should not be at all surprised, so far as it affords me an opportunity of setting myself right upon the question of social etiquette, which you think I have infringed.

"Whatever might have been your anxiety to form the acquaintance of any professional gentleman on your arrival in Leeds, you should have remembered, and in some sort observed, the ordinary usages of society, which I am now obliged to say you have, to a great extent, disregarded.

"You first left your card at my house, and you should have drawn but one conclusion from my not returning the call. You then, after some time had elapsed, brought a card of Dr. Drysdale's, which was, I find, intended as an introduction by that gentleman of yourself to me. With that gentleman I never had more than a slight college acquaintance, and never having interchanged with him other than ordinary civilities, should certainly not have spoken of him as 'a friend,' nor should I have presumed to introduce any medical friend of mine who might happen to visit the place of his residence to him, still less one holding opinions diametrically opposite to his own on subjects of such vital importance. I am quite aware you might be ignorant of the exact nature of our acquaintance, but your friend Dr. Drysdale should have considered

it. Having presented his card, however, at this point I should have expected you to rest until I had given some evidence of a desire to pursue the introduction to its natural issue: this you did not, but repeated the call, I believe twice, and then succeeded in meeting me at home. Now this is a mode of procedure so directly inconsistent with the ordinary customs of society, that I could not fail to view it with a degree of suspicion, which the extraordinary course you are now pursuing fully warrants.

"In that forced interview I explained to you, Sir, fully, that the views you have adopted are so thoroughly at variance with those entertained by the heads, and a large majority of the profession, with whom I agree and wish to associate myself, that they necessarily prevent professional, and, therefore, in my opinion, leave little chance of any other satisfactory intercourse. Promulgated, too, by the questionable means, which have both here and elsewhere been adopted, by appealing to the judgment, and seeking the approbation of the non-medical portion of the community, that I and others have thought it consistent only with our duty to avoid affording them any countenance whatever. You remind me, Sir, of the similar origin of our degrees. You have, I presume, inquired into and satisfied yourself upon this point—I was not before aware of it. The University, whence those degrees were obtained, is not accountable for the changes of opinion and subsequent professional conduct of those who are educated within her walls; nor are those who hold her honours obliged to regard as brethren those who repudiate the doctrines which she approves, for certain I am you never obtained your present therapeutic notions from the respected professors who so ably exercise their calling there. Under other circumstances I could have recognised this as a strong bond of union, but now can only imitate the example which the heads of that university, and those who usually act with them, have afforded me in a recent instance,* and discourage, so far as I can, what I regard as a dangerous and pernicious heresy in professional belief.

"I have not, you will perceive, exactly complied with your request. I never intended to furnish the reasons of my professional creed, to be discussed and decided upon by the 'many circles,' non-professional I presume, to which you refer. I object altogether to such a tribunal, and I cannot bow to its decree; ignorant, necessarily, of the principles upon which our art is based. On the ordinary usages of society they may be competent to judge, and upon this head I hope I stand tolerably clear, and that neither consultation nor reflection may have induced you to discard that feeling of obligation, which you informed me, at the conclusion of our conversation, you entertained for the 'kind, candid, and gentlemanly explanation I then afforded you.' Following your example, I shall feel at liberty to use this correspondence in any way I may be disposed, and would beg you to understand that here it must terminate.

"I remain, Sir, yours obediently,

"CHARLES CHADWICK.

"To F. W. Irvine, Esq."

* See Edinburgh Monthly Journal of Medical Science, August, 1844:—"For some time past there have been rumours of homoeopathy having found its way into the University Clinical Wards of the Royal Infirmary of Edinburgh. We are happy to understand that the Medical Faculty of the University, and the Managers of the Infirmary, have taken effectual steps to check this mischievous folly."

SIR JAMES GRAHAM'S MEDICAL BILL.

CHICHESTER MEETING.

On Thursday, the 31st of October, 1844, a meeting was held at the Chichester Infirmary, of the Medical Practitioners of Chichester, the Western part of Sussex, and the Eastern part of Hampshire, for the purpose of taking into consideration "A Bill for the better regulation of Medical Practice throughout the United Kingdom," which was lately presented to the House of Commons by Sir James Graham. Dr. M'Carogher, in the chair.

Among those present were Dr. Tyacke, Chichester; Dr. Smith, 55th Regiment of Foot; P. J. Martin, and W. S. Taylor, Esqrs., Pulborough; G. Peskett, Esq., Bognor; Hugh Birt, and Robert Duke, Esqrs., Arundel; Allen Duke, Leonard Buckell, Abraham Duke, Robert Elliott, William Gruggen, J. P. Gruggen, H. March Gruggen, Robert Dendy, Charles Hurlstone, E. Leech, and W. C. Caffin, Esqrs., of Chichester; J. T. Kirkman, Esq., Horndean; J. A. Blagden, Esq., Petworth; William Peskett, Esq., Petersfield; Henry Collett, and William Harris, Esqrs., Worthing; George Hills, Esq., Leominster; George Miller, Esq., Emsworth; G. Knight, Esq., Southsea; G. N. Ediss, Esq., Landport; G. B. Hellard, Esq., Portsmouth; and W. Ingram, Esq., Midhurst.

The following resolutions were unanimously adopted

"That we hail with great satisfaction the introduction of legislative measures for the better regulation of the medical profession, as lately propounded by her Majesty's Government; and concur with Mr. Warburton, Mr. Macaulay, and the other speakers, on Sir James Graham's bill, in approval of the principles, and of some of the details, of its proposed enactments.

"That we consider that the present distribution of the practice of medicine among the several classes of Physicians, (or Doctors of Medicine,) Surgeons, and General Practitioners, has arisen out of the natural wants of the public; and that the legal recognition of these several denominations, (the latter being comprised in the title of Licentiates,) is natural and proper, so long as one common test of qualification is maintained, and no strict rules prescribed to their several lines of practice in an art, the principles of which are common to all its branches.

"That we do not withhold our approbation of the constitution of a general superintending body, as a Council of Health, and of appeal, in all cases of medical polity; but we are firmly of opinion, that such a body, to possess the confidence of the Profession at large, should have the character of a 'Senatus' in which each grade of medical practitioners should find its proper representative; and we think that in this sense, the council as proposed by the bill before us, does not possess that great requisite, nor will enjoy, (for the benefit of the public for which it is to minister, or for the profession which it is to regulate,) that power of self-government which is necessary for its perfect utility, or indeed for its own conservancy.

"That we are also of opinion that the great and important body of General Practitioners, or Licentiates in Medicine, (with whom now rests, and, for a great time at least, must continue to rest, with the occasional assistance of the consulting physicians, the care of the

great mass of the sick population,) are not duly represented in the constitution of the above mentioned Council of Health; and if the test of qualification so beneficially exercised for the last 30 years by the Apothecaries' Company be removed by the repeal of the Act of 1815, some equivalent power of controul should be restored to that body, or somewhere delegated, so that so wholesome a provision should not be lost to the profession, and through it to the public safety.

"That we deprecate most strongly that part of the proposed bill which removes all effective restrictions on the practices of unqualified persons, without the substitution of some equally stringent enactments in their stead; and as the principle of compulsory enactments for the preservation of life is recognised in the laws of pilotage, quarantine, the regulations of public vehicles, and many other matters of public health, and especially in the late penal enactments against inoculation for small-pox, and in favour of vaccination, it would seem to us like retrogression in legislation to let loose all quacks and pretenders, to prey on the weakness and credulity of the public, (no person being more credulous than the sick man, devoid of all knowledge of his own animal economy, however well educated in other respects). We consider also that the legislation which levies a tax in the form of a registration fee, or otherwise, on the members of any profession, without the equivalent of due protection of their rights and immunities, is a dereliction of the reciprocal duties which bind the relations of the governed and governing bodies; and we would suggest that a clause to the following effect be embodied in the proposed bill, viz. That as great difficulty has always been found in carrying out that part of the Act of 1815, relating to the punishment of illegal practitioners, any person practising medicine or surgery, unless duly qualified, shall be considered guilty of misdemeanor, and liable to be punished accordingly.

"That a memorial embodying the substance of these resolutions be sent to Sir James Graham, signed by the Chairman on behalf of this meeting: that copies of them be personally presented to the Members of Parliament by those practitioners in communication with them, (with such explanation of the views entertained by the medical profession generally as may be required in their support); that a committee be appointed to watch the progress of the bill, and prepare petitions to Parliament, if need be, in further prosecution of the views of this meeting.

"That Dr. McCarogher, Messrs. Martin, W. Gruggen, Abraham Duke, and the Secretary (Mr. W. C. Caffin), form such committee."

The thanks of the Meeting were then given to the Chairman for the manner in which he had conducted the proceedings.

NOTTINGHAM MEETING.

A meeting of the Members of the Medical Profession resident at Nottingham and its neighbourhood, was held at Nottingham, on Tuesday, October 29th, to take into consideration the Bill for the better regulation of Medical Practice throughout the United Kingdom, brought into Parliament by Sir James Graham. Dr. Hutchinson was called to the chair, and among the gentlemen present were—Mr. Stanger, Mr. Attenhur-

row, Mr. Davison, Mr. Burrows, Mr. Caunt, Mr. Taylor, Dr. Taylor, Dr. Lightfoot, Dr. Etherington; Dr. Hines, Beeston; Mr. Gill; Mr. Smallie, Rudington; Mr. Darby; Mr. Ebsworth, Bulwell; Mr. Small, Radford; Mr. Furniss, Mansfield; Mr. Elam, Stapleford; Mr. J. N. Thompson, Mr. Joseph Thompson, Mr. Massey; Mr. Turner, Mansfield; Mr. Orton, Beeston; Dr. Pigot, Bunny; Dr. Williams; Mr. Nixon, Nuttall; Mr. Marriott, Colston; Mr. Sibson; Dr. Smith, Bingham; Mr. Brown, Wineswould; Dr. Wright; Mr. Day, Lowdham; Dr. , of the 12th Lancers; Dr. Watts; and Mr. Butler, Beeston. Colonel Rolleston, M.P., one of the members for the county, was also present.

The following are among the resolutions which were adopted:—

"That it having become necessary to make important alterations in the laws relating to the Medical Profession; the thanks of this meeting are due to Sir James Graham, for having brought the subject before the notice of Parliament, and for the ample opportunity he has afforded for its consideration.

"That whilst this meeting approves of some of the clauses of the projected measure, it regrets that it does not meet the urgent wants and exigencies of the Medical Profession, and fails to afford a due measure of protection to the poorer classes of the community.

"That the most glaring defects of this bill are, that it neither prevents the practice of unqualified persons, nor discountenances the sale of quack medicines, both of which tend to injure most materially the public health, and are directly opposed to the interests of the Medical Profession.

"That whilst this meeting approves of the Council of Health and Medical Education, it protests against the proposed constitution of it, inasmuch as the Government influence too greatly preponderates, and the great body of general practitioners is not adequately represented.

"That this meeting highly approves of a general registration of qualified practitioners, but regrets that no provision is made to render such registration compulsory, and to punish by fine or imprisonment, all persons practising without proper qualifications; and further, that this meeting objects to any payment being required for the registration of persons legally practising before the passing of this Act.

"That this meeting strongly protests against the unjust monopoly, the illiberal distinctions, at present existing in the different medical and surgical colleges; and considers any measure imperfect that does not provide for the removal of their grievance.

"That this meeting regrets that no provision exists in the bill preventing the druggists from prescribing or from dispensing injurious and poisonous drugs, without the prescription or certificate of a registered medical practitioner."

We regret that our limits do not admit of giving the opening address of the Chairman, and the speeches of the movers and seconders of the resolutions, and other proceedings at this important meeting, and especially the able exposition of the bill by Dr. J. C. Williams. The subjoined petition, which as usual embodies the substance of the resolutions, was adopted for presentation to the House of Commons:—

"The petition of the under-signed physicians, surgeons, and apothecaries, of Nottingham and its neighbourhood,

"Humbly sheweth,—That your petitioners are legally qualified practitioners of Nottingham and the neighbourhood.

"That they consider the present state of the laws relating to the Medical Profession to be such as urgently to require reform; and they feel thankful to Sir James Graham, that the government has taken the subject into consideration.

"That the proposed bill, though containing some excellent provisions, by no means meets the grievous evils under which the Medical Profession has long laboured, especially that it does not prevent the practice of unqualified persons, and that it does not discountenance the sale of quack medicines.

"That your petitioners cordially concur in the expediency of a general registration, but are of opinion that it will be of no avail, unless it be made compulsory, so that all persons convicted of practising without being registered, may be subjected to summary punishment.

"That your petitioners extremely regret that the projected measure does not prevent that monopoly and those unjust distinctions which result from the present constitution of the various medical and surgical colleges.

"That the proposed constitution of the Council of Health and Medical Education is unjust to the great body of general practitioners, inasmuch as they have not a sufficient share in the administration of its affairs.

"That your petitioners regret that no provision is made in the bill, to prevent the druggists from prescribing or dispensing injurious and poisonous drugs, without the prescription or certificate of a registered medical practitioner.

"That your petitioners, therefore, humbly, but earnestly, pray of your honourable house, not to pass the proposed bill into a law, until it shall have undergone such modifications as shall be satisfactory to the Medical Profession."

EAST KENT MEETING.

A meeting of the Physicians and Surgeons of East Kent, was held at the Guildhall, Canterbury, on the 25th of October, to adopt measures relative to the objectionable clauses in Sir James Graham's Medical Bill; Dr. E. Scudamore in the Chair.

The resolutions, which were passed unanimously, approved of those parts of the proposed measure which relate to the future education of students, and which seem to acknowledge the principle, that a high and uniform standard of qualification for the members of the Medical Profession is essential to its respectability and usefulness, and of the establishment of a Supreme Council of Health, as being likely to produce a more perfect organization of the profession; but considered the constitution of this Council as highly objectionable, inasmuch as it recognizes in it no members who are sufficiently interested in protecting the interests of the general practitioner or licentiate of medicine. The omission of such clauses as should prevent or

deter unqualified persons from practising medicine in any of its branches, by which imperfection the proposed measure throws open the practice of medicine and surgery to ignorant and unqualified pretenders, the safety of the public will be much endangered, and the profession deprived of that protection to which they are entitled, was also protested against; while it was considered to be unjust towards the present legally qualified practitioners, to put them to further expense and inconvenience, by compelling them to register themselves after having already complied with the requirements of the existing laws.

The movers and seconders of the resolutions were Dr. Lochée, Mr. Major, Canterbury; Dr. Souby, Dover; Mr. Sicard, Bridge; Mr. Hunt, Herne Bay; Dr. Edwards, Canterbury; Mr. F. Sankey, Wingham; Mr. Shadden, Ash; Mr. Wilks, Charing; Mr. T. Cooper, and Mr. H. Denne, Canterbury; Mr. Minter, Folkestone; Dr. Tracey, Sittingbourne; Mr. Hallows, Canterbury; Mr. Evans, Herne; and Mr. Jones, Dover.

A Committee was appointed for the purpose of drawing up a petition, communicating with the Members for the county, and cities and boroughs within the county, and for watching the progress of the bill through Parliament.

The following gentlemen were also among those present at the meeting:—Messrs. Crawford, Foord, Andrews, Holtum, Hunt, Sankey, Rigden, and Waterman, Canterbury; Drs. Lewis and Mackenzie; Messrs. Whitfield, and Wilks, Ashford; Mr. Kersey, Littlebourne; Messrs. Thornton, and Small, Ramsgate; and Mr. Clarke, Sandgate.

YORK MEETING.

At a meeting of the Medical Profession of York, held at the Dispensary, October 26th, 1844, for the purpose of taking into consideration the bill introduced into Parliament by Sir James Graham. Dr. Goldie in the chair. The following resolutions were adopted:—

1st.—"That this meeting views with satisfaction the attention directed by her Majesty's Government to the state of the Medical Profession, and tenders its thanks to Sir J. Graham, for allowing its Members a full opportunity of considering the details of the Bill for the better regulation of Medical Practice.

2nd.—"That this meeting believes that the establishment of a Council of Health and Medical Education, and of a system of Registration, will greatly benefit the profession, but it is of opinion that the General Practitioner should be fully represented in the proposed Council."

3rd.—"That in the opinion of this meeting it is expedient that the body of General Practitioners take part in the examination of the Practitioners of their own grade, and for this purpose, that the Licentiates in Medicine and Surgery, of each division of the united kingdom should be incorporated."

4th.—"That in the opinion of this meeting the public cannot competently estimate the skill of the regular and irregular practitioner, and hence no bill will adequately meet the wants of society and protect the interests of the profession, which shall not contain provisions for preventing the practice of medicine by those who have not undergone the examinations required of the registered practitioner."

5th.—“That as laws have been enacted against the practice of medicine by unqualified individuals, and enforced from time to time in this country, and in France, the Netherlands, Germany, Italy, and other European nations, it is expedient that an enquiry be made into the operation and results of these laws, so that past legislative experience may be rendered subservient to more effectual legislation.”

6th.—“That petitions in conformity with these resolutions be presented at the commencement of the next Session to both Houses of Parliament.”

7th.—“That copies of these resolutions be sent to Sir James Graham, and to the members for the city.”

8th.—“That the following gentlemen be appointed a Committee to watch the progress of the bill, and to take such steps as shall appear expedient:—Drs. Goldie, Laycock, and Thurnam; Messrs. Williams, Anderson, Husband, and Wm. Matterson, jun.”

WM. MATTERSON, jun.,

Hon. Secretary.

GLOUCESTER INFIRMARY PETITION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I beg to inclose a copy of a petition which my colleagues and myself have agreed to present to Parliament on the subject of Sir James Graham's Bill;

And am, Sir, your obedient,

ALFRED J. WOOD.

3, Barton Street, Nov. 20, 1844.

“To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

“The Humble Petition of the undersigned, the Physicians and Surgeons of the Gloucester General Infirmary.

SHREWETH,

“That your Petitioners feel bound to express their gratitude to her Majesty's Government for having, in the bill brought forward by Sir James Graham, afforded a distinct recognition of the claims of the medical profession to the consideration of the Legislature, and for their intention of placing in definite connection with the State.

“That your Petitioners highly approve of the constitution of a supreme Council of Health and Medical Education, which will form, as they anticipate, one central court of appeal for all branches and classes of the profession, with power and independence sufficient to remove irregularities and to redress grievances, and thus to promote a more perfect organization than has hitherto existed. And they are further of opinion that the requirement of the uniform registration of all, whether physicians or surgeons, or licentiates of medicine and surgery, in the United Kingdom, will provide what is much to be desired, namely, a broad and simple distinguishing line between those who are, and those who are not, legally authorised to practice.

“Your Petitioners, however, humbly submit to your Honourable House, that the great principle of the bill would be more fully carried out by the withdrawal of

the sanction of her Majesty's Government from the sale of patent medicines, and the prohibition, under a penalty, of the advertisements of empirics. And they, therefore, most respectfully request of your Honourable House that these subjects may receive your serious consideration.

“And your Petitioners shall ever pray, &c.”

QUEEN'S COLLEGE, BIRMINGHAM.

The consecration of the Chapel of this establishment, being the first Collegiate Chapel in this country appropriated to the use of the Medical Profession, took place on Friday, November 15th, with the accustomed religious ceremonies. The Bishop of Worcester, as Bishop of the diocese in which Birmingham is situated, performed the service, assisted by the Rev. Chancellor Law and the Warden of the College. The Chapel was crowded, and in addition to the patrons of the College, the Dean of the Faculty, Professors, and Students, there were present many of the clergy of the town and neighbourhood, and a large number of persons of consideration, who have taken an active interest in the formation of this school.

MEDICAL INTELLIGENCE.

Mr. John Hilton, Lecturer on Anatomy and Physiology at Guy's Hospital, has been appointed Assistant Surgeon to the Hospital.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates of the Apothecaries' Company, Nov. 21, 1844:—John Rider; Charles Joseph Tomkins; Abraham Hoskins; Frederick Gaunt; Henry Smith Palmer; Thomas Watts; Leopold Beharrill Fox.

BOOKS RECEIVED.

A Practical Enquiry into the Value of Medicinal Naphtha in Tubercular Phthisis. By Edward Octavius Hocken, M.D., Physician to the Blenheim Street Infirmary and Free Dispensary, &c. &c. London: Higley. 1844. 8vo., pp. 72.

Remarks upon the Mortality of Exeter; together with Suggestions towards the Improvement of the Public Health. By Thomas Shapter, M.D., Physician to the Dispensary, &c. London: Churchill. 1844. 8vo., pp. 32.

An Apology for the Nerves: or their Influence and Importance in Health and Disease. By Sir George Lefevre, M.D., Fellow of the Royal College of Physicians, &c. &c. London: Longmans. 1844. Post 8vo., pp. 363.

TO CORRESPONDENTS.

Communications have been received from Mr. Boulton; Mr. T. P. Oates; Fair Play; Mr. C. Vines; Mr. Robson; Mr. Houlton; Dr. Webster; and Mr. Brickenall.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES ON DISLOCATIONS, DELIVERED AT THE CHARING - CROSS HOSPITAL.

By HENRY HANCOCK, Esq., Surgeon to the Hospital.

LECTURE X.

FRACTURE THROUGH THE NECK OF THE HUMERUS.

Sir Astley Cooper confines fracture of the head and neck of the humerus to three varieties :—

First. Dislocation into the axilla, with fracture and detachment of the head of the bone, which is thrown on the under side of the inferior costa of the scapula.

Secondly. Fractures through the neck of the bone, at the tubercles, in which the head of the humerus is broken off, but remains in the glenoid cavity. This fracture occurs at the epiphysis or anatomical neck of the bone.

Thirdly. Fractures below the articulation, between it and the insertion of the pectoralis, latissimus dorsi, teres major, coraco-brachialis, and deltoid muscles, or surgical neck.

But it will appear from the cases I shall have to relate to you, that other fractures will sometimes happen, which, from their situation, and the appearances presented, bear a great resemblance to dislocation, with which, in point of fact, they are always more or less complicated. These fractures take place in a longitudinal direction, through the bicipital groove, separating the greater tubercle, with more or less of the shaft, from the rest of the bone.

The first of Sir Astley Cooper's divisions belongs to the subject of complicated dislocations, and we will not, therefore, treat of it at present, but proceed to the consideration of fracture occurring through the neck of the bone, or at what is usually denominated its true anatomical neck. Sir Astley Cooper has seen this accident both in old and young people, but it is, he says, very rare in the middle-aged. In the young it occurs at the junction of the epiphysis, where the cartilage is situated; and in the old, it arises from the greater softness of this part of the bone. Reichel, in his paper, entitled "De Epiphysium ab Ossium diaphysi deductione," contained in "Sandifort's Thesaurus Dissertationum," gives the drawings of two preparations which he considers, and states to be, separation of the epiphysis, but he does not furnish us with any history of the cases, and I quite agree with M. Delpech that they appear to represent a fracture of bone rather than a separation of epiphysis; although I by no means agree with him in his observation that these accidents cannot possibly occur; or with other writers, who give as

reason for their scepticism, that in order for the epiphysis to be separated, the accident must occur when the child is too young to be exposed to such mischief. From the hour of our birth, to that of our death, we are all of us more or less liable to meet with this accident. It never occurs from muscular efforts, however powerful, but from direct violence referred to the part. A careless nurse lets an infant fall from her lap to the floor; its shoulder first strikes the ground, and a separation of the epiphysis may be the result. An elderly person is knocked down by the pole of a carriage striking the shoulder, or he falls from a height upon that part; in either case the humerus may be fractured at its anatomical neck. That which is a fracture in advanced age, is, from the nature of the parts, a disjunction or separation of the epiphysis in infancy and early life. In both these instances the accident is the same, produced by the same cause, requiring the same mode of treatment, and therefore admitting of one description. There can be no doubt that the older authors, in their classification of accidents, have described many cases of fracture at the anatomical neck, as separation of the epiphysis; but that is no reason why we should go to the opposite extreme, and deny the probability of such mischief taking place, and reject these accidents altogether.

The head of the bone remains in the glenoid cavity, and consequently there is not so great a depression below the acromion process, neither does the latter project so much; the shaft of the bone is drawn upwards and forwards to the coracoid process, where its extremity forms a considerable projection, rendered much more prominent if the elbow be raised and drawn forwards. This altered position of the shaft of the bone, depends upon the altered relations of the biceps tendon, the latter being deprived of the support of the head of the humerus. If you take hold of the elbow, and draw the arm downwards and backwards, you will restore the shaft to its natural position, and the tumour on the end of the coracoid process will disappear, but relax your hold on the arm, and the abnormal relations and appearances will quickly return. The patient cannot raise his arm to his head, and complains of great pain in the shoulder upon any attempt to move the limb, which he endeavours to support as much as possible by the opposite hand. This has sometimes been mistaken for dislocation, but if you remember the distinctive signs of the latter accident, you will have but little difficulty in ascertaining that it is one of dislocation, although, when there is much tumefaction present, you may perhaps be puzzled as to what it really is. Mr. Allan, of Edinburgh, who distinctly

recognizes a separation of the epiphysis, remarks, that there is a marked distinction between separation as well as fractures and luxation, that in the two former the limb is always free, and may be moved in every direction; whilst, in the latter, it is immovable. He also points out, that if the surgeon runs his fingers along the spine of the scapula, until he arrives at the point of the acromion, and then inserts them under that process, he will be enabled to feel the head of the bone in its place, and if he then move the limb with the other hand, the head of the humerus, if separated from the shaft at the intervening cartilage, will not be felt to roll in the glenoid cavity, but rubbing as if upon a hard body, whilst, if fractured, a crepitus will be felt. Besides, in these cases, no tumour can be felt in the axilla as in dislocation. The principal diagnostic signs are the tumour at the end of the coracoid process; the subsidence of the swelling or tumour, when the arm is drawn downwards and backwards, and its return when the arm is let go; the mobility of the limb; the head of the bone not obeying the motions of the shaft when the elbow is rotated; and when the arm is drawn down, the crepitus, or sensation of rubbing, as described by Mr. Allan. Sir Astley Cooper has pointed out the true nature of these accidents, as ascertained from actual dissection, and also the process by which nature effects a reparation of the injury. He says, that upon dissection, in young persons, the head of the bone is found broken off at the tubercle, but remains in the glenoid cavity; that to remedy this mischief a great quantity of ossific matter is thrown out from the periosteum and fractured neck of the broken bone, but very little from the head. A cup of bone is formed upon the fractured neck of the shaft in one of his preparations, which supports the head of the bone so as to prevent the neck separating from it; a slight union is produced by the cancellated structure, the principal callus being formed by the outer surface, and it incases the bone. In one case which Sir Astley Cooper dissected, the fracture occurred within the capsular ligament, no bony union had occurred, the fragments being joined together by means of a ligamentous substance.

Sir Astley Cooper also relates the following case of this accident, in a person of very advanced age, at which period of life, he observes, it very rarely occurs:—

A Commander in the Royal Navy, aged 77, a strong and muscular man, was thrown out of a street cab in the month of December, 1835, falling upon his left shoulder and the left side of his forehead; he immediately lost the use of his arm, his shoulder was very much swollen, and its rotundity diminished. There was an evident depression in the situation of the belly of the deltoid muscle, and a hard tumour, which appeared to be the head of the humerus, was felt under the clavicle, and just on the edge of the glenoid cavity, close under the coracoid process. An obscure crepitus could be distinguished, the arm was an inch shorter than the other, and by extension the bone returned to its situation without difficulty. Bandages were applied and the hand placed in a sling; considerable inflammation succeeded, and in about two months the patient recovered the motion of the limb to a great extent, although the arm could not be raised to a level with the shoulder, nor could it be brought forward across

the chest. He was one day seized with apoplexy, and died in a few minutes.

Post-mortem. The parts about the joint were absolutely comminuted; the acromion had been broken off, and had formed a ligamentous union with the spine of the scapula, from which it had been separated. The coracoid process was broken off at its root, but was again becoming united by ligament to the scapula. The head of the bone had been broken through at the tubercles or anatomical neck, and the periosteum of the neck of the bone, below the tubercles, had thrown out a considerable quantity of ossific matter, and had united the broken shaft or neck to the head of the bone, whilst the cancellated structure of the neck of the bone was beginning to unite the fractured head of the os humeri to the shaft of the bone.

In the quarto edition of his Treatise on Dislocations, he relates the following:—

"A man, aged 72, during the severe frost in 1823, fell down upon his shoulder, three days after which he was admitted into Guy's Hospital. The arm and shoulder were much swollen; there was also acute pain and discolouration of the integuments. Crepitus could not be felt, and from the degree of swelling it was impossible to ascertain the precise nature of the accident. Leeches and evaporating lotions were applied. The shoulder was again examined on the second day after the swelling had somewhat subsided, and a fracture of the neck of the humerus was discovered. The pain and swelling again became greater, and gradually increased; the integuments inflamed, having the appearance of erysipelas; the skin became discoloured and gangrenous. He was feverish and irritable, then delirious, and gradually sunk on the tenth day from the accident."

Post-mortem. The integuments and cellular membrane, on the inner part of the shoulder, over the clavicle, were considerably thickened, having a sloughy appearance; and on cutting through the deltoid muscle a large quantity of bloody matter, mixed with serum, was effused. The capsular ligament was extensively lacerated; the humerus was fractured through the cervix; also obliquely through the head, and a small spicula of bone was separated from the cervix."

Mr. Samuel Cooper, in his Dictionary, states, "That M. C. Larbaud showed Bichat the humerus of a young man, aged 17, the head of which bone was accurately detached from its body by a division which had passed obliquely through the upper part of the tuberosities. And also that he thinks an instance of the kind was pointed out to him in 1821, at St. Bartholomew's Hospital. The patient was a boy who had injured his shoulder. His elbow had been strongly kept up on the supposition that the case was a fracture of the neck of the scapula, and consequently the irregular end of the humerus formed a remarkable projection in front of the acromion, yet capable of being pushed back, where, however, it would not remain."

Van Swieten also speaks of separation of the epiphysis of the upper end of the humerus in a person who was suddenly and violently thrown on to the ground.

Sir Astley Cooper, recommends, in a young subject, treating this case by binding a splint on the front and back part of the arm with a roller, placing a pad in the axilla, and using a clavicle bandage, the hand, but

not the arm, being supported in a sling; and that, in old persons, as the injury is more severe, leeches, evaporating lotions, and quietude, are to precede the application of mechanical means.

It may be considered presumption to impugn the practice of so great a surgeon as the late, Sir Astley Cooper, but the recommendations above quoted certainly do not appear to me by any means capable of effecting a perfect cure in these cases. We have already observed that the upper end of the humerus is drawn upwards and forwards under the coracoid process, there forming a hard projection; that, by drawing down the arm, the tumour is removed, but that, when the extension is discontinued, it immediately re-appears. How are these signs to be accounted for?

I believe, that in these accidents the long tendon of the biceps is either ruptured, or that by the fracture of the head of the humerus, it is deprived of the fulcrum, which it naturally desires in passing over that process, and is thus unable to antagonize the capsular muscles.

Thus the upper end of the bone is drawn upwards and forwards, by the supra-spinatus and subscapularis muscles. If I am right as to the cause of the displacement, it is very evident that the back and front splints of Sir Astley Cooper can present very little, if any resistance, and that we must have recourse to other methods, if we are to hope for a cure.

In Sir Astley Cooper's case we learn, that although at the end of two months the patient had recovered considerable degree of motion in the limb, still he could not raise it to a level with his shoulder, nor carry it across his chest; the upper end of the bone had not been prevented resuming its unnatural situation. You should recollect that these fractures are unlike those which occur transversely in the shaft of a long bone, where, if the broken ends are placed in apposition, that very apposition presents a most efficient resistance to muscular contraction. But in fractures of the anatomical neck the fractured portions oppose no resistance to displacement. Hence, the back and front splint, with bandages, are at best insufficient to effect anything more than prevention of lateral motion; they cannot keep up extension, as they have no fixed point to extend from, and consequently, when the muscles contract they cannot prevent the upper end of the bone being drawn up out of its proper place.

Sir Astley Cooper advised that the patient's hand should be supported, but not his elbow, that the weight of the arm might in some degree oppose this tendency to displacement; but the same power which drew the upper end of the bone upwards and forwards, would keep it there notwithstanding the weight of the arm, as it had to overcome that in the first instance, and therefore, if we are to hope for a cure in these accidents, it must be by keeping up due extension, with suitable apparatus.

Place a pad in the axilla, and apply an angular splint along the inner or palmar side of the arm, extending from the axilla to the tips of the fingers; it should have a hinge and thumb-screw to enable you to bend the bone to any angle you please; let the arm-piece be the exact length of the patient's arm from his axilla to his elbow, as upon this part of your apparatus depends your power of resistance. In order to be

accurate, adapt it first to the patient's sound arm, and be very careful that it is neither too long nor too short, for an error either way will be prejudicial. The remainder of the splint, or that for the forearm, should extend to the tip of the fingers, to keep the hand perfectly quiet; fix this splint firmly with a roller commencing at the hand; and next apply these splints to the arm, one in front, one behind, and one on the outside, by straps and buckles or by another roller if you please; place the hand in a sling bearing the elbow unsupported.

According to Sir Astley Cooper, passive motion is to be employed for the young in a month, and for the old, at the expiration of two months or twenty weeks.

LONGITUDINAL FRACTURE THROUGH THE HEAD OF THE HUMERUS.

On the 22nd of October, 1837, Mr. Hale Thomson related a case at the Westminster Medical Society, of a man who had received a blow upon his arm. Upon examination, the signs appeared those of dislocation forwards, under the pectoral muscles. Extension was applied, and the bone apparently reduced. The next day all the symptoms had returned, and upon further examination it was considered that the head of the bone was split, the fracture extending one-third down the shaft of the bone, one piece lying in the glenoid cavity, the other under the pectoralis muscle.

FRACTURE BELOW THE TUBERCLE OF THE HUMERUS, OR AT THE SURGICAL NECK.

This accident may be mistaken for dislocation into the cavity of the axilla, but an attentive observer will readily ascertain the true nature of the case. The fracture occurs below the insertions of the supra-spinatus, infra-spinatus, teres minor, and subscapularis muscles, and above the insertion of the deltoid, pectoralis major, latissimus dorsi, and teres major muscles; and we accordingly find the separated portions of bone assuming certain situations in accordance with the action of those muscles which are attached to them. Mr. Burn, in his surgical works, pointed out the influence exercised by the muscles upon the broken pieces. As the subscapularis and teres minor pretty equally oppose each other, they act with equal power upon the head of the bone, press and retain it in the glenoid cavity, whilst the supra and infra-spinatus, but more especially the latter, roll the head and turn the neck of the bone a little out; on the other hand, the teres major, latissimus dorsi, pectoralis major, and deltoid, remain attached to the lower portion of the humerus, the upper end of which, the first two, or teres major and latissimus dorsi, draw inwards towards the axilla, and the third or pectoralis major, upwards, forwards, and inwards, under the coracoid process of the scapula. The deltoid muscle co-operates with the preceding muscles in turning the end of the shaft towards the axilla. Being inserted lower down it draws the middle and lower portions of the bone outward, and unless resisted by some of the fractured surfaces of the neck, will also draw the shaft upwards. The biceps, coraco-brachialis, and triceps muscles, also draw the bone up, the last backwards, and the second inwards. These accidents are usually the result of direct violence to the part; falls or blows upon the outer part of the shoulder are liable to produce them, but they rarely occur unless under these circumstances, and, consequently, the manner in which

the accident happens will be one guide towards your diagnosis.

A man falls violently upon his shoulder, experiences great pain at the moment, and discovers that he has lost the use of his limb. He may also have experienced a sensation of snapping, or something giving way at the moment of the accident, but this does not always occur. He consults you, and you will usually find upon examination the shoulder somewhat flattened, a sinking of the deltoid muscle, but not so marked as in dislocation, and always lower down. The elbow is thrown somewhat backward, and more or less separated from the side. The patient supports the arm, and endeavours to keep it as quiet as he can, any motion giving him great pain.

From what I have just told you of the action of the muscles, you will understand that the head, tubercles, and a small portion of the shaft of the bone, remain in their natural position, the head of the bone in the glenoid cavity. The upper extremity of the shaft of the bone, on the contrary, is drawn upwards, forwards, and inwards, under the pectoralis major muscle. If you push the arm upwards, this end of the bone projects considerably in the latter situation, and internal to the coracoid process; let the arm go, and the limb dropping, the projection disappears. Place your left hand upon the head of the bone, and with your right take hold of the patient's elbow, and draw the arm gently downwards and backwards, rotating the limb. You will now discover crepitus, and moreover, that although the shaft of the bone moves, the head does not obey its motions, remaining stationary under your left hand. The limb is shorter than natural, and the patient frequently complains of pain and tingling in his hand and fingers, and occasionally down the course of the arm; and Sir Astley Cooper has pointed out, that in these accidents the patient will sometimes have one or more of his fingers contracted, evidently caused by injury to some of the nerves of the axilla.

Although the patient is unable himself to move the limb, you can, in any direction, but in so doing you cause great suffering, and having once ascertained the nature of the accident, you had better abstain from moving the arm more than is absolutely necessary to replace the bone in its proper position, as otherwise, you are liable to cause considerable mischief by rubbing the rough end of the bone against the nerves and soft parts of the axilla, &c.

Mr. Samuel Cooper, in his Dictionary, says, that sometimes there is no displacement, and consequently no shortening, and, moreover, that the displacement is not usually very perceptible as regards the length, unless the fracture be oblique, and the sharp end of the bone irritate the muscles, and make them contract with unusual powers. Petit observes, that commonly the weight of the limb so powerfully resists the action of the muscles, that the displacement of the fracture is more liable to be transverse, and that in these circumstances the lower end of the fracture is displaced outward or inward, and rarely in any other direction. According to Sir Astley Cooper, the upper end of the lower portion of the humerus is drawn down under the pectoralis muscle, and may be felt in that situation. Cases certainly do occur where, the fracture being transverse without displacement, the limb remains of its natural and proper length, but in

the generality of instances which I have met with, there has been evident shortening, and the upper end of the shaft has been drawn upwards and forwards under the coracoid process.

I confess I do not agree with Mr. Samuel Cooper's assertion in the last edition of his *First Lines upon Surgery*, "that the lower fragment is sometimes not displaced upwards, so as to produce a shortening of the limb, but, on the contrary, drawn a little downward by the weight of the part, so as to put the deltoid on the stretch, and thus produce a resemblance to dislocation." The flattening and stretching of the deltoid does not depend upon the elongation of the limb, but upon the altered relation of the lower portion of the shaft of the bone. This being drawn inwards into the axilla, and the head and tubercles remaining in situ, the fibres of the deltoid are thus stretched over the latter, and not by the dropping of the limb. What is there in this accident to make it differ from fracture of any other long bone in the body? If the fracture occurs in the middle of the shaft of the humerus, we have to keep up a certain extension to prevent the bones riding, or, in other words, the limb becoming shorter; and is the difference in weight of the arm so great between these cases, that in fractures of the surgical neck of the humerus, a phenomenon at variance with what obtains in fracture of every other long bone in the body, occurs an elongation of the limb, instead of the riding and drawing up the lower end of the bone usually met with? If the limb be paralysed, or the muscles excessively attenuated, they might not be able to support the weight of the arm, but unless the result of disease, I cannot imagine that the deltoid, biceps, triceps, coraco-brachialis, pectoralis major, and teres minor, would allow any elongation of the limb, which must ensue, were the cause of the flattening and extension of the deltoid, that assigned by Mr. S. Cooper.

MEDICAL JURISPRUDENCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.
SIR,

Considering the numerous and useful reports which are furnished in every other department, it seems strange that so few in direct connexion with that important branch of our science termed Medical Jurisprudence, should appear in the pages of your own or any other Medical Journal. Not that there is any actual deficiency in the amount of medico-legal information supplied, but it is in the records illustrating the practical application of this information to cases as they occur, that a scarcity appears.

This can hardly arise from an indifference on the part of the profession to the subject, or from a belief that such reports would be devoid of interest; for surely no man can be indifferent to, or fail to find an interest in, a matter which meeting him some one time unexpectedly in the enjoyment of a high reputation, to which his skill and acquirements shall have fully entitled him, might be the means of placing him in a painful and ridiculous position, and tend to depreciate him in the eyes of the public and his friends. To the medical man appearing in his forensic character the chance of adding to his laurels is by no means in

proportion to the risk he runs of having them plucked from his brow. The subject of enquiry upon which his testimony, judgment, and opinion shall be demanded, is not unfrequently of a nature to call forth hastily much dormant information, having relation to the intricacies of chemical science, and the minutiae of anatomy, physiology, pathology, &c., which for want of use in the routine of private practice has been allowed to slumber almost into a state of rust, yet requires its most polished form to meet the exigencies of the case. Such difficulties, however, are fair and legitimate, and offer no just ground of complaint or excuse; but beyond these I maintain that there are incidental, extraneous, or illegitimate difficulties with which the medical witness has to contend. Amongst these might be mentioned, first, an opinion very prevalent, at least I presume so, from hearing it often expressed, that medical men make bad, some say the worst witnesses. Here then a prejudice meets him at the outset. Secondly, let him acquit himself ever so well, the chances are, that by a great portion of the press, viz., that calculated for the public generally, he will be so misreported, that though he proves himself a philosopher, he will be painted a poltroon. In cases of peculiar interest only, will he be correctly represented by a special reporter, who alone is capable of putting medical evidence in an intelligible form.

To come to the most frequent arena for the display of medico-legal knowledge, viz., the Coroner's Court, what meets the witness here? Too often indeed an ignorant jury, with minds already prejudiced by the tap-room conversation they have just left, to whom at an early stage of the proceedings, the doctor frequently, as a matter of policy, confesses himself guilty of some gross absurdity, such for instance, as having attempted to bleed a corpse, though he had good reason previously to suppose that every drop of the heart's blood had been already poured out in deluging some vital organ, per chance the heart itself. Considering how matters in this court are, in numerous instances, concluded, how often must it occur to the medical witness, that instead of aiding, as he supposed, in a solemn investigation, he has only been playing a part in a serio-comic farce.

To accompany him to the higher courts of justice, as they are termed, here the business assumes a very solemn character; he is placed in the witness box, and sworn to speak the truth, the whole truth, and nothing but the truth; and the said truth appears to be drawn out from him as mildly as milk from the cocoa-nut; but flow it never so sweetly, a gathering storm is at hand, which shall curdle in all its purity this virgin milk of truth. It bursts, and the witness is taken all aback, and driven completely on the opposite tack; all the ingenuity of man is employed to compel him to speak—not the truth, but the very reverse of it, at all events to suppress it, so far as the case in point is concerned; but to speak the truth as literally as he will, so far as it tends to depreciate his own ability, or that of his profession generally, thereby confirming the dogma, "medical men are bad witnesses." For the lawyer to beat the doctor with his own weapons is a triumph of course. If fairly beaten, well and good; we can justly subscribe to the verdict of the sapient jury, who acquitted a man of the murder of his wife, on the ground that "It served her good justice."

But since a smattering of medicine gives the man of law an occasional advantage over him of physic, might not a smattering of law, (as for instance, an acquaintance with the law of evidence,) place the latter on a better footing, and enable him to steer clear of the decoys and hold his meditated course, acquitting himself in a straightforward and creditable manner? Seeing then that the subject is not one of trivial importance, few I think will dissent from the opinion, that reported cases in forensic medicine will be valuable to the practitioner, in the same degree as reported cases in any other branch of his profession. I subjoin a few memoranda of cases as they occur to my mind, bearing upon some of the difficulties pointed out, and proving, I think, that laurels are not always the reward of the medical witness. Should these cases be recognised by any who may have taken a part in them, and inaccuracies be therein detected, the delinquency is not with me, but still further proves that misrepresentation is one of the annoyances we meet with. I represent the cases as I have seen and heard them represented to the public.

CASE I.—MANSLAUGHTER.

Evidence for prosecution clear and decisive, except as to cause of death.

Attending surgeon swears to certain injuries, and that deceased laboured under *concussion of the brain*; he bled him, and bled him again, as in his judgment seemed fit. Days after, the man showed symptoms of *delirium tremens*, and ultimately died. Swears injury causing concussion was the cause of death.

For the defence, another surgeon is called and examined as to the propriety of bleeding in *delirium tremens*. Condemns the practice; "thanks God he had never done so, &c.," upon which council for defence argues that deceased died of the doctor and not of the injury. Jury acquiescing—acquit the prisoner.

The following questions arise out of this case, award the laurels as you may. Is bleeding proper in concussion? Might not *delirium tremens* follow concussion? If so, does that militate against the proper treatment of concussion existing *per se*? Is bleeding to be condemned even in pure *delirium tremens* altogether? To this I answer no. I can produce cases so treated successfully; one, that of a medical practitioner, who recovered to adopt a like practice in more than one case.

CASE II.—ACTION FOR DAMAGES.

By careless driving of defendant's servant, plaintiff's wife is upset and injured.

Two medical witnesses swear to a *dislocation at the sacro-iliac symphysis*, though it is in evidence that the injured party walked from the middle to the side of the road, immediately after the accident, without help.

For the defence a deservedly eminent surgeon swears the injury described to be almost impossible; he cannot conceive its occurrence except as some dreadful effect of machinery.

Another surgeon, called to prove much,—as the existence of venereal disease of long standing, &c., whereby it was possible at the end of ten or twelve months patient might be bed-ridden from diseases of the bones, without any injury,—satisfies the jury on

one point only, viz., that he himself gets drunk three times a day, frequently. Verdict for the plaintiff, damages £50, though it was notorious that no injury was sustained.

It is worthy of remark that the defendant challenged some of the jurors (his neighbours) with whom he was unpopular, and these (the case lasted over one day) came in contact with the actual jury, and did not fail to represent the indignity offered to the attending jury-men as a body, as worthy of resentment.

CASE III.—INQUEST.

Sudden illness; death in eight hours; no medical witness called; a female attendant volunteers evidence of apoplexy; heard doctor say so. Verdict, apoplexy.

Medical evidence, and a *post-mortem* examination, would have cleared up some suspicions connected with this case.

CASE IV.—INQUEST.

Sudden death; surgeon attributes death to rupture of some blood-vessel internally; opened a vein in the arm; no blood would flow. Verdict—Died by the visitation, &c.

Query.—Will opening a superficial vein ever close a fissure in an internal artery; or, if it will, will it restore the extravasated blood to its wonted course, and recall the departed *vis vitæ*?

CASE V.—INQUEST.

Mysterious death after a few hours' illness; surgeon sworn; pulse deep and heavy; every evidence of concussion; pupil evinced compression of brain; a bruise over the left eye; on examining the brain at the back part, he found a large quantity of *diffused* (query *effused*) blood, occupying space the size of a crown and this was the immediate cause of death. The rupture *must* have arisen from considerable external violence. There was a probability it might have been occasioned by natural causes, as excitement, but this was exceedingly difficult to ascertain. The surgeon, in answer to questions from the coroner, stated that the bruises must have been inflicted about twelve hours. Verdict—"Died from a rupture of the brain, but there is not sufficient evidence to determine by what means it was caused."

A most ridiculous verdict. They find that of which there is no evidence, viz., "rupture of the brain," but lack evidence as to how it occurred. True, because it had not occurred; yet there was abundant evidence how death was caused, viz.—by *diffused* or *effused* blood, and this the surgeon swears *must* have been caused by considerable external violence; a statement somewhat inconsistent with the subsequent admission that it *might* have been occasioned by natural causes. The almost precise time which the bruises must have been inflicted is *rather* fine-drawn evidence, but perhaps, with a little latitude, tenable.

CASE VI.—INQUEST.

Mysterious death. The surgeon swore to the injuries of the head causing death; had attended before the patient became insensible; in giving his evidence said, "I heard," but was immediately checked, with the remark, we want to know nothing that you *heard*. Verdict, "Murder against some persons unknown."

What the surgeon *heard* was a voluntary statement made by the deceased in his perfect senses, but

with a conviction that his injuries were mortal, to the effect, that the said injuries were caused by his own folly in attempting to dance when half intoxicated, whereby he fell against an iron bed-screw, which he pointed out, and which bore marks of blood, and being fixed, could not have been used murderously by any other person. What the surgeon *heard*, was therefore, I suspect, legal and admissible evidence, and might have prevented an absurd verdict.

In conclusion, I will refer to a few cases which might be paralleled in almost any of the daily papers, where they are insignificantly noticed, but when properly handled and commented upon, turn out to be of the utmost interest and importance to the medical practitioner. These cases will be found in the *Provincial Medical Journal*, in the numbers dated as follows:—April 8, 1843, page 31; May 6, 1843, page 106; March 2, 1844, page 430; March, 6, 1844, page 476; April 10, 1844, page 18; April 17, 1844, page 30.

Reports such as these, I venture to say, though they might not command so much *éclat*, are in point of usefulness second to few if any that are brought under the notice of the profession through the medium of the medical journals.

I am, Sir,

Your obedient servant,

A PROVINCIAL SURGEON.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 11, 1844.

To watch the great drama of human existence, could we abstract ourselves from the parts which, as actors therein, we are each of us individually called upon to play, would afford many a curious and instructive lesson. There are comedies and farces, as well as tragedies, political; and many a domestic or social interlude gives variety and interest to the passing scene. None of the business of life is transacted without the interwoven plot of some schemer for stage effect; the fretting and fuming of some would-be Roscius, or the workings of some designing and self-interested agitator.

It could scarcely be expected, when public and private matters never fail to call forth the ruling passion for stage display, that the arena afforded by the discussion of our medical polity should remain unoccupied by like exhibitions. It were too much to suppose that a calm and dignified tone of conducting the discussion could be throughout preserved. The theatre medical, as well as every other theatre, political, or dramatic, must have its serio-comic rant, and the time it seems is come for the appearance of the tragedy-hero upon the stage.

The editor of one of our hebdomadal contemporaries has condescended to take upon himself this part for the amusement of the medical public. It is not his first appearance in the character. Will

it be his last? At any rate, it would seem to be selected for his own benefit, before his approaching and final leave-taking of the stage.

What then is the cause which has called forth this mighty effort? It is simply that others should have presumed to think and act, in their own concerns, without reference to his advice or respect for his authority. He is furious, "because forsooth the Provincial Medical Profession do not support him as he wished, in his injudicious and reckless opposition to Sir James Graham's Bill. In the plenitude of his ire he endeavours to disturb the harmony of the Provincial Association, and audaciously asserts that the proceedings of that flourishing Society show no sympathy for the well-being of the general practitioner. Truthfulness is so rare an ingredient in the journal in question, that we do not marvel at this fiction; but we may appeal to the recorded proceedings of the Association to show that it has ever adhered to its original foundation, and has throughout its course made the maintenance of the honour and respectability of the profession one of its leading objects. The general practitioners have ever been the most numerous class of members, and their interests have consequently been more especially an object of regard.

It is needless to remind those who have observed the steady course of the proceedings, that the persevering and unwearied efforts of the Association through its Poor-Law Committee, have mainly tended to those improvements in the system of Poor-Law medical relief, which have been obtained as the result of unceasing application to the House of Commons.

What also but a desire to benefit the general body of practitioners has induced the Association, from its origin to the present time, to pay so much attention, and to be so vigilant in attempting to improve the organisation of the profession.

What, again, since the introduction of Sir James Graham's Bill, has been the course pursued? Has not the Association told the Rt. Hon. Baronet that he has failed in his bill to give that due consideration to the general practitioner which he justly can claim?

Has not the Association petitioned that the general practitioners should be represented in the Council of Health?

Has not the Association petitioned that the general practitioners should be incorporated, as a means of increasing their importance? What then can this medical incendiary mean by his malicious and groundless vituperation?

But not content with appearing in his single character as editor, he must also appear in the hybrid one of editor and legislator, and threatens to denounce!! the proceedings of the Association in the House of Commons. *Nous verrons.*

In the meantime we may inquire what proof has the Hon. Member ever given that he has any influence in the Commons House of Parliament? Whether the moral force of his public character is such as to procure for him that estimation which is necessary to constitute him a leader? Whether the rancour and virulence which he displays as Editor of the hebdomadal in question, is any recommendation?—and whether he has hitherto, in his place in the House of Commons, brought forward a bill for the better regulation of the medical profession, which could be made available for any such object.

Till the Hon. Member can answer these questions satisfactorily, the provincial profession will decline to entrust their cause to his keeping, and treat with the contempt which they deserve both his threats and his machinations.

DERBY MEETING.

[The following letter was sent to be read at the Derby meeting, but not received until too late. With the permission of Dr. Cowan, we insert it in the Journal.]

Reading, Nov. 13, 1844.

My dear Sir,—It is out of my power to be present at the deliberations of the Association at Derby, on the important question of Medical Reform; I doubt not that a wise and moderate spirit will continue to characterise our proceedings; but I trust that while anxious fully to acknowledge the intention evidenced in the bill, of a desire to regulate our corporate interests by a more efficient and centralizing system than what has hitherto prevailed, the Association will not in the least diminish their unflinching and uncompromising hostility, to the withdrawing of even that small amount of legislative protection which we may be said at present to possess, rather than to enjoy.

Having for years devoted much time and attention, as the members are aware, to the subject of medical empiricism, I have never seen reason to alter my convictions as to the justice and absolute necessity of restrictions upon unqualified practice; nor am I less satisfied as to the efficiency and practicability of legislative enactments. The abstract suppression of quackery is manifestly a phantom, but its diminution and limitation are equally certain and easy. Were they not so, I would still urge the propriety of legal protection, as conferring a moral respectability upon the profession, which it cannot otherwise possess.

We have a right to demand it on the very grounds of our compliance with qualifying enactments, and on the position we maintain as legalised guardians of the public health. To what extent law can interfere in arresting the evil, ought not to be the question, but whether the principles of consistent legislation do not require such an effort to be made.

As to the hackneyed theme of popular education becoming its own protection, and the morbid apprehension of undue interference with the subject's liberty,

I confess myself not to have patience to disprove; the former being too evidently contradicted by all experience of the past and present, and the latter principle being no more infringed by protecting medical arrangements than by any other penal regulation. The object is not to interfere with each man doctoring himself as he may judge best, nor to prevent those frequently injurious efforts of the unskilful benevolent for the relief or cure of disease; but to put an end to open trading in physic, to expose an individual to easily imposed pains and penalties who is convicted of so doing, and to withdraw all *open Government sanction and facilities* for the unqualified practice of medicine. Let remunerative practice of the unlicensed be treated as a common misdemeanour; abolish all stamp and patent medicines, except such whose composition is known, and their value ascertained; and block up the avenues of the press to announcements which are not consistent with the popular welfare, and not sanctioned by the Central Board. Let district officers be appointed to notice offences against medical regulations, and let the qualified, at least, practise with the outward semblance of legality in their favour. As to the loss of revenue, we can supply it by a tax upon ourselves, but if not, we are bound to protest in behalf of the public and ourselves, against the removal of existing protection, and to demand more stringent and efficient measures.

These are some of my thoughts very hurriedly stated, but I have deemed it right thus far to express my opinions, the whole subject being one of great public and professional importance.

The Association is now by far the most influential medical body in existence, and the members must be most cautious in receding in the least from that full amount of requirement which the interests of all most imperatively demand. We had better postpone the day of reform, than hasten its approach by half measures and undue compliances.

Believe me, my dear Sir,

Yours very truly,

CHARLES COWAN.

To Dr. Streeten.

PROPOSAL TO INCORPORATE THE EIGHTEEN THOUSAND LICENTIATES OF THE HALL INTO A ROYAL COLLEGE OF APOTHECARIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The contemplated degradation and ruin of the surgeon-apothecary, by the proposed enactments of Sir James Graham's Bill, are so palpable and so generally acknowledged, that it appears quite superfluous to attempt the establishment of a case. Whether this impending degradation and ruin be accidental, (which it is barely possible to believe,) or intentional, it is of little moment to enquire, the fact is all with which at the present juncture we have anything to do, and that does not appear to admit of doubt; I will, however, for satisfaction's sake, briefly set down what is contemplated for the surgeon-apothecary, by the impending law.

1st, All restriction upon unqualified practitioners is removed.

2nd. He is virtually deprived of the power of educating his own class.

3rd. The law takes from him his present titles and gives him nothing, or as good as nothing, in exchange.

For he finds himself excluded from the council, excluded from any share in determining the education or influencing the character of the examination of his own class, without any real participation in the examination itself; and as regards the future licentiate, after his education and examination have been directed by the Colleges of Physicians and Surgeons, the bill secures him *no admission into either* of these bodies.

There is a point in medical practice alike familiar to all, which occurs when the practitioner has made himself master of the case, and the point is this—what is to be done? That the case before us admits of an easy and certain remedy, I have no doubt. That remedy is *Incorporation*. Dr. Webster, Mr. Ryan, and an anonymous writer in the *Lancet*, propose incorporation of the general practitioners into a "Royal College of Medicine and Surgery." With all deference to these respectable individuals, I am decidedly of opinion that any and every attempt to establish such a body would fail—*utterly fail*; the attempt was made, vigorously made, more than thirty years ago, and failed. The Apothecaries' Act was indeed the consequence of that movement, and the *only* consequence.

The great impediment to the enterprise was the same which exists at the present time, with the exception that it is infinitely more formidable and impregnable. The proposed institution would be a *rival* to the Royal College of Surgeons. Who can for a moment doubt the influence of this body; who can doubt but that that influence, would be *vigorously* applied; who in the present state of our affairs can doubt but that that influence, would be *sufficient* to defeat the utmost endeavours of its *enemies* to ruin its establishment?

In my humble opinion *this is not* the remedy—but with your leave I will now tell you in what the remedy does really consist, against which no such opposition need be apprehended; the sure and certain effect of which, is such as not to be questioned; which is so reasonable, so just, and so especially suited to the case, that not even the framers of *the bill* (I was about to write the *accursed bill*) shall be found to have courage to refuse, if vigorously sought and applied for *without delay*.

The remedy I have to propose, is the incorporation of the eighteen thousand Licentiates of the Hall, into a "*Royal College of Apothecaries*," and to change the name of the trading company, into the "*Worshipful Company of Chemists and Druggists*." By this simple means we obtain what is clearly wanting, a *third estate* in the medical institutions of the country; not the anomalous mongrel kind of thing proposed to be created by the bill in the persons of the Licentiates in Medicine and Surgery, for whose education, the provisions of that bill are so vague and unsatisfactory; but a clearly defined, well, and thoroughly educated body of Medical Practitioners, to whom the community are accustomed, who, with or without the additional qualification of being Mem-

bers of the Royal College of Surgeons, shall be in every way worthy of the respect of their colleagues and of public confidence. This Royal College of Apothecaries must have identically the same power and control over the education of their class as is enjoyed by the other institutions; they must have a voice in the Council of Health, and in every respect be placed on the same footing as the Royal College of Surgeons. They must have a Council and a Court of Examiners, all the present licentiates must be members, and all eligible to be elected to fill the offices of the institution. Candidates having passed their examination, to be entitled to membership and the required "letters testimonial."

This Royal College of Apothecaries being established, the medical institutions of the country would stand thus—

The Royal College of Physicians.

" Surgeons.

" Apothecaries.

" Chemistry.

The chemists have already obtained a Royal Charter of Incorporation. Would the list be improved by erasing the Apothecaries? What have the Apothecaries done that they should be so signally victimised? The public cannot do without them; and though the Apothecaries' Act be repealed, apothecaries will still continue, though a *degraded order*. Let them be incorporated as I have suggested, and then the work of legislation will be comparatively easy; at any rate the *great degradation and impending ruin* with which we are so *fearfully threatened*, would be averted; and the condition of our order greatly improved. Should the licentiates of the hall (for it is to them that I more particularly address myself) be of the same opinion, I say, let us earnestly co-operate for the attainment of our object. The institution I propose, accomplishes, or may be made to accomplish, every purpose. It makes the profession complete; it supplies all the wants of the public; it makes the apothecary respectable; and gives to the general practitioner a *double claim* to the confidence of the community. It leaves the province of pure surgery open to those who choose to follow it, and the doctor of medicine altogether unmolested.

It may be urged that I have laid the foundation of a feud with the "*Society of Apothecaries*," by proposing to change the title of their Company. I know not how that may be, for I have had no correspondence with them; but if they are sincere in the last paragraph of their able and lucid exposition of the bill, which has only been in my hands a few days, and which it is the bounden duty of every one of their licentiates to read, and the perusal of which, has given rise to this letter, they will not *vehemently* oppose any plan affecting themselves in so *slight a degree*, that is calculated to promote the general good.

The Society of Apothecaries, rightly considered, are only a company of wholesale and retail chemists and druggists, and in sober honesty should have no objection to the change proposed. The change is important, as thereby the title of apothecary is made more respectable, and the anomaly of a Royal College of Apothecaries, and a trading Apothecaries' Hall, existing simultaneously, could not otherwise be got rid of,—the one being, as before stated, a trading company, the other an institu-

tion *especially devoted to the promulgation of medical science*.

I have studiously confined myself to the general principle; I might otherwise have extended my letter, already long, to a length inconvenient to your pages. I am aware that the proposition will come in the shape of a novelty. It is, however, no novelty with me; the idea has prevailed in my mind since the first publication of "The Bill."

I am Sir,

Your obedient servant.

JAMES COLE.

Member of the Royal College of Surgeons,
and Licentiate of Apothecaries' Hall.

Bewdley, Worcestershire.

SIR JAMES GRAHAM'S MEDICAL BILL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

It is curious to observe how the opinions of medical men differ with respect to the Medical Bill, as proposed by Sir James Graham, and with what different spirit different parties in the profession express their opinions on it. I have looked on without taking any active part in the strife, and I may say, confusion; and I think, had the profession taken more time to deliberate upon the important question before they decided, there would have been more uniformity in the opinions of all those who do not delight in opposition. I am very much mistaken if the senior, more reflecting and better informed of general practitioners; will not, before the bill comes under the consideration of the Senate, view the measure as beneficial to the profession, with the exception of the omission of penalties for irregular practice. I do not see how the bill can be fairly objected to; I have seen no argument against it that I consider valid; I have seen plenty that I think the reverse. The only penal clause that is, in my opinion, possible to be enforced, must be for *practising for reward*, gratuitous practice cannot be touched. Yet, rather than lose the bill, I would take it entire, and try it. It will not be like the laws of the Medes and Persians.

My opinion is, perhaps, of little importance to the profession, but such as it is, if you think it worthy of notice, perhaps you will favour it with a place in your excellent journal.

I am, Sir, yours respectfully,

JOSEPH HOULTON,

General Practitioner; Thirty-three years

Member of the Royal College of Surgeons.

London, November 28, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL.

MANCHESTER MEETING.

At a general meeting of Medical Practitioners, of Manchester and its neighbourhood, held at the Town-hall, on Wednesday, November 6th, for the purpose of considering the provisions of Sir James Graham's Medical Reform Bill; Dr. Bardsley, sen., in the chair; the following resolutions were adopted:—
Moved by Thomas Turner, Esq., F.R.C.S., and

seconded by John Windsor, Esq., F.R.C.S. F.L.S.—“That this meeting, acknowledging feelings of gratitude towards Sir James Graham and his colleagues in the Government, for the introduction of a bill into the House of Commons, for regulating the Medical Profession, cannot but express its surprise and regret at the character of certain provisions in the bill.”

Moved by Dr. Lyon and seconded by James E. Partington, Esq.:—“That, although this meeting approves of the institution of some central body for the government of the profession, it cannot regard with satisfaction the constitution of the proposed ‘Council of Health and Medical Education,’ inasmuch as no provision is made for representing therein the opinions and wants of the great body of general practitioners.”

Moved by William James Wilson, Esq., F.R.C.S., and seconded by Dr. Radford:—“That this meeting is glad to see recognised in the proposed measure, the principle of registration of the duly qualified practitioner, but regrets the absence of any compulsory enactment in this respect, as this omission would seriously detract from the value and utility of the proceeding.”

Moved by P. H. Holland, Esq., and seconded by M. Sinclair, Esq.:—“That this meeting regrets that there is no power of summary punishment of those who falsely pass themselves off as licensed practitioners, not being so; the only remedy provided being the difficult one of indictment for misdemeanor.”

Moved by Dr. James Lomax Bardsley, F.L.S.; and seconded by Dr. Fleming:—“That this meeting cannot but see in the proposed withdrawal of all effective restriction upon unqualified practice, a defect so important as to nullify any probable benefit to result to the public or the profession from the other parts of the bill.”

Moved by John Jesse, Esq., F.R.S.; and seconded by R. T. Hunt, Esq.:—“That the following petition, founded upon the above resolutions, be adopted by this meeting, and forwarded to Mark Phillips, Esq., M.P., for presentation to the House of Commons.”

“To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled:—

“The petition of the undersigned legally qualified Practitioners of Medicine and Surgery in Manchester and the neighbourhood—

“Humbly Sheweth.—

“That your petitioners have long felt the necessity for a reform in the Medical Profession, and were prepared to welcome, with cordiality, the introduction of any bill into your Honourable House for that purpose; but that a careful perusal of certain provisions of a bill recently introduced by Sir James Graham, has occasioned to your petitioners disappointment and regret.

“That, whilst your petitioners approve of the institution of some central body for the government of the profession, they cannot regard with satisfaction the constitution of the proposed Council of Health and Medical Education, because therein the interests of the general practitioner are not adequately represented.

“That your petitioners are glad to see recognized in the proposed measure, the principle of registration of the duly qualified practitioner; but are of opinion, that without some compulsory enactment in this respect, the value and utility of the proceeding will be materially lessened.

“That your petitioners have observed, with deep regret, the proposal to withdraw even existing restrictions upon unqualified practice, without substituting any effective measure for the punishment or prevention of offences in this respect; an omission so important, in the opinion of your petitioners, as to nullify any probable benefit to result to the public or the profession from other parts of the bill.

“That your petitioners humbly pray your Honourable House to supply these several defects in the proposed bill, and to enact a law that shall secure her Majesty’s subjects against the injurious pretensions of unqualified persons, protect the privileges of the properly educated and duly licensed practitioner, and thereby uphold the dignity of an honourable profession.

“And your petitioners will ever pray.”

Moved by A. M. Heath, Esq., and seconded by D. Noble, Esq.:—“That deputations be appointed to wait upon the Members of the county and borough, and upon such others as are resident in the district, with a view to obtain their support, in their places in Parliament, of the principles embodied in the foregoing resolutions.”

Moved by George Gardom, Esq., and seconded by John Walker, Esq.:—“That the following gentlemen be appointed a committee, to watch the progress of the bill in Parliament, viz.:—Dr. Bardsley, sen., Dr. Radford, Dr. J. L. Bardsley, Dr. Ashton, Dr. Fleming, Dr. Lyon, Mr. Wilson, Mr. Windsor, Mr. Jesse, Mr. Noble, Mr. Hunt, Mr. Walker, Mr. Ker, Mr. J. A. Ransome, Mr. Mann, Mr. Hatton, Mr. Gardom, Mr. Slack, Mr. John Leigh, Mr. Turner, Mr. Dorrington, Mr. Franklin, Mr. Southam, Mr. Nursaw, Mr. Boutflower, Dr. Satterthwaite, with power to add to their number.”

Moved by Henry Ker, Esq., and seconded by John Kenworthy, Esq.:—“That this meeting present its thanks to the public press, for so ably supporting the character and the efficiency of the profession; and more especially the editors of the *Times* newspaper, for their powerful aid in the present crisis.”

Moved by Dr. Turner, of Stockport, and seconded by Dr. Strange, of Ashton:—“That these resolutions be forwarded to the following periodicals, viz.:—*The Lancet*, *Medical Gazette*, and *Provincial Medical and Surgical Journal*, for insertion; and that they be advertised in the *London Times*, and in all the Manchester papers.”

(Signed)

S. A. BARDSLEY, M.D., Chairman.

Moved by Thomas Turner, Esq., F.R.C.S., and seconded by Dr. Lyon:—“That the cordial thanks of this meeting be presented to Dr. Bardsley, for the zeal he has invariably evinced for the interests of the profession, and for his able and courteous conduct in the chair this day.

(Signed)

WM. JAS. WILSON, F.R.C.S., Chairman.

MACCLESFIELD MEETING.

At a meeting of the Medical Gentleman of Macclesfield, and the neighbourhood, held on Wednesday evening, November 20; Dr. Swanwick, President, in the Chair.

Present: Dr. Brunett, Mr. Milners, Mr. Lallemand, Mr. Bland, Mr. Firth, Mr. Turner, Mr. Newbold, Mr. Mayer, Mr. Hopkins, and Mr. Cleaveland.

Resolved unanimously,—“That this meeting regards with respectful consideration the intentions of Government, in the Bill of Sir James Graham, for elevating the character of the Medical Profession; though it deems the measure seriously defective in respect to some of its provisions.

“That it considers the constitution of the ‘Council of Health and Medical Education,’ incomplete and unsatisfactory; inasmuch as it contains no direct recognition of the great body of general practitioners.

“That the claims of the Worshipful the Society of Apothecaries on the respectful attention of the very numerous class of Licentiate practising in this country, demand from this meeting a special notification, in any suggestions that may be offered by it to the Government, for the modification of the said Bill.

“That the registration clauses of the Bill are likely to be virtually inoperative; because they embody no compulsory enactment, in order to a general adoption.

“That the withdrawal of existing restrictions on unqualified persons, together with the omission of a summary mode of punishment in respect to unaccredited practitioners, is regarded as a capital defect in the said Bill; as it tends materially to affect the interests and respectability of the profession, and the health and well-being of the community at large.

“That a petition, expressive of these opinions, be by this meeting adopted, and forwarded to the County and Borough Members, to be by them presented to the House of Commons.”

WARRINGTON MEETING.

A meeting of the Medical Practitioners of the Town of Warrington, was held at the Dispensary, on Friday November 22nd, to take into consideration Sir James Graham's proposed bill; and after resolutions expressive of satisfaction with those provisions, which were calculated to improve the character of the profession, to raise the standard of the education of its members, to establish a central Council of Health, and the registering of all legally authorized practitioners, they regretted that the bill, should allow mere pretenders to impose upon the public, and tamper with the health of the people, and expressed their opinion that a clause should be added for the purpose of effectually and speedily checking all illegal and unqualified practice.

Messrs. Sharp and Robson were appointed to prepare a petition founded upon the above resolutions, which will be entrusted to the care of J. J. Blackburne, Esq., Member for the borough; and it was resolved that both he and J. Wilson Patten, Esq., Member for the county, should be respectfully solicited to support the prayer of the petition.

Dr. Kendrick and Mr. Sharp were requested to confer with Mr. Blackburne and Mr. Patten on the objectionable clauses and deficiencies of Sir James

Graham's bill, and a conversation ensued as to the best means of obtaining the objects sought for. It was finally resolved that this meeting pledges itself collectively and individually, to further the objects of the petition, by using their personal influence with the Members of Parliament in the neighbourhood, and through their friends who may have influence with those at a distance.

The thanks of the meeting were voted to the chairman, Dr. Kendrick, who stated that he had that day commenced his 52nd year of practice in the town.

BLACKBURN MEETING.

At a general meeting of Medical Practitioners, held at Blackburn, on Wednesday, November 13th, John Cort, Esq., in the Chair.

The following Resolutions were carried unanimously:—

Moved by George Stocks, Esq., of Blackburn, and seconded by Samuel Wraith, Esq., of Darwen,—“That this meeting feels deeply the necessity of great and immediate improvement in the law, as affecting the Medical Profession: and receives with lively satisfaction the evidence given by Sir James Graham in his proposed Medical Bill, of his desire to promote that improvement.”

Moved by James Thompson, Esq., M.D., of Burnley, and seconded by Richard Hindle, Esq., M.B., of Sabdon:—“That while the present meeting approves most fully of a General Council of Health and Medical Education, as calculated to render more consistent and dignified both the character and the title of the candidates for registration, it cannot yield its assent to the establishment of any council, which rejects from its constitution the great and respectable body of general practitioners, from whom chiefly the fees are exacted, and who are in a position to understand most correctly the interests both of the public and the profession.”

Moved by Philip Kershaw, Esq., of the Billington Asylum, and seconded by Jonathan Morley, Esq., of Blackburn:—“That this meeting wishes to record the strongest feeling of hostility to that part of Sir James Graham's Bill, which proposes to annul all restrictions hitherto placed upon unqualified practitioners, as being conceived in a spirit of glaring injustice to the medical practitioner legally qualified, and as tending directly to the serious injury of health, and the extensive destruction of life, of the public generally.”

Moved by James Bailey, Esq., of Blackburn, and seconded by Richard Martland, Esq., M.D., of Blackburn:—“That this meeting entertains the most clear and decided conviction that restrictive measures are indispensable, in justice alike to the public and to the profession; and that the only beneficial and effective means of this character, will be found in the power of summary conviction and punishment.”

Moved by S. E. White, Esq., of Burnley, and seconded by Thomas Dugdale, Esq., of Blackburn:—“That this meeting wishes to express its strong conviction, that the regulations promulgated by the Apothecaries' Society, in reference to the course of study, have tended more to elevate the profession than the proceedings of any other corporate body in the kingdom.”

Moved by J. S. Birch, Esq., of Blackburn, and seconded by Robert Wilding, Esq., of Blackburn:—"That a petition, based upon the foregoing resolutions, be drawn up and sent for signature to each medical man in the Hundred of Blackburn—and that a copy be sent to the Representatives of the Northern Division of this County, accompanied by a request that J. Wilson Patten, Esq., will present it to the House of Commons, and that he and J. Talbot Clifton, Esq., will support its prayer."

Moved by Samuel Wraith, Esq., of Darwen, and seconded by—Wright, Esq., of Haslingdon:—"That a deputation, consisting of Dr. Martland, Messrs. Cort, Stocks, and Bailey, be appointed to wait upon the Members of the Borough of Blackburn and Clitheroe, to present to each a copy of the same petition, and earnestly to solicit their aid in support of its prayer."

J. CORT, Chairman.

The thanks of the meeting were voted to the Editors of the *Times*, *Lancet*, *Medical Gazette*, and *Provincial Medical and Surgical Journal*, for their able advocacy of the objects which the meeting had in view; and to Mr. Cort, for his able conduct in the chair.

JON. MORLEY, Hon. Secretary.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

At the annual election meeting of the Royal College of Physicians, held on the 5th instant, the following gentlemen were elected office-bearers for the ensuing year:

Dr. William Beilby, President; Dr. Robert Renton, Vice-President; Dr. T. H. Davidson and Dr. James Wood, Censors; Dr. Charles Ransford, Treasurer; Dr. David Craigie, Secretary; Dr. William Seller, Librarian; Dr. Robert Spittal, Fiscal; Dr. James Stark, Keeper of Museum; Mr. Kenneth Mackenzie, Clerk; Mr. John Small, Under Librarian; Dr. William Beilby, Dr. Robert Renton, Dr. T. H. Davidson, Dr. Robert Christison, Dr. David Craigie, Dr. Charles Ransford, and Dr. George Paterson, Examiners of Foreign Graduates.
Edinburgh, December 5th, 1844.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The first examination for the Fellowship under the new Charter of this College, commenced on Tuesday last. Twenty-five candidates presented themselves. The result of the examination has not yet reached us, but among the gentlemen who passed on this occasion, were Mr. H. W. Rumsey, of Gloucester, Mr. John Soden, of Bath, and Mr. J. H. Walsh, of Worcester.

In reply to the question which has been put to us respecting the supposed omission of Mr. Crosse, of Norwich, senior surgeon to the Norfolk and Norwich Hospital, from the Fellowship of the College, we may state that there is no foundation whatever for the statements of a contemporary on this point. Mr. Crosse was included in the first appointment of Fellows, and stands number 114 on the list.—See *Provincial Medical Journal*, volume 7, page 260.

Gentlemen admitted Members on Friday, December 6, 1844:—G. F. D. Evans; E. Hutchinson; J. A. Walmsley; T. H. Watt; W. H. Meadows; R. Thorn-ton; H. Douglas.

UNIVERSITY OF LONDON.

DOCTORS OF MEDICINE, 1844.

First Division: Edward Ballard, University College; Joseph Hullett Browne, Guy's Hospital; John Jones Davies, London Hospital; Thomas Inman, King's College; William Jenner, University College; George Johnson, King's College; Frederick Robert Manson, ditto; Edward Meryon, University College; William Augustus Raper, ditto; George Augustus Rees, St. Bartholomew's Hospital; John Snow, Westminster Hospital; Stephen Henry Ward, London Hospital; Edwin King, School of Physic in Ireland.

Second Division: Patrick Martin, School of Physic in Ireland.

BACHELORS OF MEDICINE.

(Examination for Honours.)

Physiology and Comparative Anatomy: R. D. Harling, (scholarship and gold medal,) University College; H. March Webb, (gold medal,) Guy's Hospital; Charles Henry Felix Routh, University College; William Thomas Edwards, ditto; Godwin William Timms, ditto; William Bird Herapath, Bristol Medical School, and London Hospital; Edwin Hearne, University College.

Surgery: H. March Webb, (scholarship and gold medal,) Guy's Hospital; Peter Redferne, Surgeon's Square, Edinburgh; William Henry Parsey, King's College; Edwin Hearne, University College; William Bird Herapath, Bristol Medical School, and London Hospital.

Medicine: R. D. Harling, (scholarship and gold medal,) University College; Peter Redfern, (gold medal,) Surgeon's Square, Edinburgh; John Evans, University College; William Henry Parsey, King's College; Frederick William Marshall, University College; William Bird Herapath, Bristol Medical School, and London Hospital; Henry March Webb, Guy's Hospital; Godwin William Timms, University College; Edwin Hearne, ditto.

Midwifery: William Thomas Edwards, (gold medal,) University College; William Bird Herapath, Bristol Medical School, and London Hospital; William Henry Parsey, King's College; Henry March Webb, Guy's Hospital.

Vegetable Physiology and Structural Botany: Henry March Webb, Guy's Hospital; William Bird Herapath, Bristol Medical School, and London Hospital.

THE LATE DR. DALTON.

This celebrated and deeply lamented philosopher has left the sum of £2000 to found a Professorship of Chemistry at Oxford.

TO CORRESPONDENTS.

Communications have been received from Dr. C. R. Hall; H.; M.R.C.S.; Mr. G. King; Dr. Borton; Sir John Fife; and Mr. Carter.

The Critical Analysis of the Principal Facts of Disease, will be continued in our next, as well as Mr. Carter's letter, the second part of which is in type.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the *Provincial Medical and Surgical Journal*, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

REPORT OF CASES OCCURRING IN HOSPITAL AND PRIVATE PRACTICE.

By FRANCIS ELKINGTON, Esq., Surgeon to the
Lying-in Hospital, Birmingham.

The frequent occurrence of cases similar to the following, and the very able papers which have lately been written on the subject, leave little room for comment; but I have thought, as faithful reports, they might offer some features of interest. If the Editor of the *Provincial Medical and Surgical Journal* should think them worth recording, he will be kind enough to publish them in that journal.

FRANCIS ELKINGTON.

PHLEBITIS FOLLOWED BY ABSCESS.

Jan. 11, 1844. I was requested by my brother to visit Mrs. Whittington, aged 36, mother of five children, pregnant, and considers herself to be seven or eight months advanced, expecting to be confined about the end of February. She has been troubled with varicose veins of the legs and thighs nearly ever since she has been pregnant. About four or five weeks ago the veins began to inflame, first of the right leg, and then of the thigh, accompanied by fever and great constitutional disturbance; the leg and thigh were repeatedly leeches, and the case, in other respects, treated in the most active antiphlogistic manner; the *left* labium suppurated and ulcerated in two places. About three weeks since the right *hip* began to swell; to-day there is a large swelling over the right hip, extending to the right labium in front, to the anus posteriorly, and nearly as high, externally, as the crista ili. On examining per vaginam, there was found considerable fullness of the right side; pushing the side of the vagina inwards, with two fingers of the right hand placed against the vaginal swelling, and the left hand on the external swelling, and applying pressure alternately with each hand, a fluctuation was produced. The swelling has increased rapidly the last two days; externally it feels boggy; the integuments are red, and in the centre of the swelling they are of a very deep red, almost purple; pulse 120; tongue reddish; has had very little sleep. It was proposed to open the abscess, but we were obliged to defer it till the next day.

12th. Passed a restless night; pulse 120; dysuria; the swelling much increased; skin much discoloured. An opening was made, and a quart of dark coloured and very offensive pus discharged in a strong stream; the colour of the discharge improved, getting more healthy-looking as it flowed, particularly towards the last. The veins of the thigh continue cord-like, and as hard as sticks. She says that, when she has pressed on the right buttock, she has felt a sensation as though there was some communication with the abscess in the left labium. The discharge from the left labium ceased after the external abscess was opened. The bladder was emptied with the catheter; she was ordered to take a mixture with decoction of cinchona and nitric acid, an opiate at night, port wine negus, &c. She said that she had not felt the child for two or three days, and thought it was dead; on applying the stethoscope to the abdomen, the placental souffle was heard distinctly, the foetal heart acting very feebly.

13th. Better; slept all night; countenance much improved; pulse 100 and fuller; swelling much less; a copious sanguineous purulent discharge; integuments still discoloured, and there is some hardness; vaginal swelling less; there is still some fluctuation internally.

15th. Better in all respects, swelling much less.

20th. Improving.

30th. Well.

Feb. 12th. Down stairs, and attending to her domestic affairs; the femoral veins are less. This case is interesting, as it shows the amount or great extent of mischief which can sometimes be borne.

Feb. 21st. After a short labour she was delivered of a live female child, about seven a.m. My brother was called to her about six o'clock; when he arrived he found the os uteri fully dilated, and the head beginning to press on the perineum, but the os externum not well dilated; she has always had quick labours; the membranes ruptured just before my brother got there, after which there was a slight remission of pain; she had one strong pain at last, and felt as if something had given way; she felt a smarting. On making an examination immediately after delivery, nothing wrong was discovered. About four hours after delivery, in trying

to make water, she perceived a swelling in the right labium, which has rapidly increased. At three o'clock p.m., the swelling had increased to nearly the size of the head of a new-born child; the integuments were much discoloured, and on the inner surface of the labium, where it terminates in the vagina, were lacerated, the laceration being nearly two inches long, and extending upwards very nearly to the urethra or meatus; there was considerable bleeding from the wound; pulse 100; no appearance of exhaustion; uterus well contracted; intestines much distended with flatus; on pressing on the outer side of the labium, so as to evert its inner surface, a very large coagulum was turned out. A piece of soft sponge was then placed in the wound, a soft pad applied over the external surface of the labium, and that confined by means of a bandage. A catheter was introduced, and a pint of urine drawn off.

22nd. Comfortable; no return of swelling.

23rd. Sponge removed; no return of hæmorrhage; better in herself. From this date she continued to improve, and was down stairs March 14th, and convalescent.

ABSCESS IN THE PELVIS, &c.

Mrs. —, soon after marriage, and for some time before, occasionally complained of pain in the right iliac fossa; she became pregnant and aborted between the second and third month; during the time she was pregnant the pain was more frequent, but there was no hardness nor swelling perceptible. She says she miscarried four times before she went her full time, and twice since. She became pregnant again, and went her full period. Her labour was lingering and severe; she was delivered with the forceps of a still-born male child. She did very well till about the seventh or eighth day; the pulse then became quick; she had rigors, followed by a smart attack of fever, pain in the right side, opposite the anterior superior spine of the ilium, extending some way both above and below, increased by pressure, and accompanied by fulness or swelling, constipation, dysuria, restlessness, and great constitutional disturbance; lochia copious; plenty of milk.

The pains and pyrexia continued in spite of all our efforts to remove it by leeches, &c. She had retention of urine; rigors every day or two; about the sixth day from the commencement of the attack there was a copious discharge of pus, apparently from the bladder. On introducing the catheter, after the urine had passed, a quantity of thick white pus followed through the instrument to the extent of six or eight ounces. This continued to nearly the same amount each time the catheter was passed, which was three times a day for nearly a fortnight. The discharge continued more or less for some weeks, gradually getting less, and nearly always following the urine, or mixed with it. After the discharge commenced, the febrile symptoms gradually subsided, and she slowly re-

covered. She was unable, on first getting up, to move, or bear any weight on, her right thigh. The lameness continued for nearly two months; she was unable to bend forwards. After she had recovered, she had, nearly every month, pains about the right side and aching in the back, accompanied by feverish symptoms. This was always followed by some purulent discharge. The discharge generally passed from the meatus, but it sometimes appeared to come from a small opening by the side of the urethra, although an ordinary sized probe could not be passed into it. She became pregnant a third time; during the early part of it she was much troubled with constipation and frequent returns of the discharge of pus. After quickening she was not much troubled. After a lingering labour she was again delivered of a dead child, apparently from dropsy of the amnion and disease of the placenta. After this delivery she had a return of her former sufferings, but in a much less degree. She had the discharge, periodically as before, but sometimes there would be an interval of two or three months.

In the fourth pregnancy she was less troubled; still before quickening she had two or three slight attacks, followed by discharge. She got through this pregnancy better than the two former ones. She was delivered at the full period. The child presented with the breech, and there was considerable delay between the birth of the breech and the head, consequently the child was not alive. She recovered without any bad symptom. She had after each confinement a *very copious* flow of milk, continuing for three or four months.

She became pregnant the fifth time, went her full period, and had a living child in October, 1842. She got through her confinement without having any untoward symptom, and has been remarkably well ever since. At the commencement of her last pregnancy, she said she had a slight discharge two or three times, but unaccompanied by constitutional disturbance. This most likely was a case of abscess in the cellular tissue of the pelvis, making its exit through the bladder. It is probable that the inflammation commenced in the right ovary, and extended to the cellular tissue, or it might have been encysted abscess of the ovary.

Early in January, 1844, she again became pregnant. I saw her May 14th. She thought she was then gone about half her time. She menstruated December 15th. About three weeks ago, in April, she fell down, and broke one of the ribs on the right side, since then she has had frequent pain on the right side, all over it, and extending to the thigh, the pains frequently shooting. She says that one half of the body feels differently to the other, taking it from the middle of the spine to the sternum, &c. She has frequent shooting pain from the sacrum to the pubis. On Saturday night, May 18th, she felt a great fulness in the right side, before she went to bed; in the night she was awake by a

sudden discharge of a purulent character, and without pain. She thought it was a discharge of liquor amnii, and that she was going to miscarry.

May 20th. Before and when she makes water there is a similar discharge. The urine is covered by a thick greasy looking pellicle, also the bottom of the vessel, and there is a deposit of separate patches of blood and pus. She continued about the same for three or four days, and then aborted. She remained out of health, and troubled with a purulent discharge, for some weeks. She then went to the sea, where she got quite well.

September 22nd. She is now looking better, and is in better health than she has been for some years.

ABSCESS IN THE PELVIS.

Mrs. N., pregnant the third time, about four months gone; has had two children at the full period. Was taken September, 1843, with flooding, after some exertion. The flooding continued more or less for three or four weeks. She was then taken in labour. The pains were of the most violent, expulsive, and at times, spasmodic character I ever witnessed; they were frightful; I fully expected some laceration would be caused; there was some delay in the expulsion of the placenta, and considerable flooding. The placenta was expelled in about two hours after the fetus. She remained very faint and exhausted for several hours, but gradually recovered. A few days after she had rigors, followed by pyrexia, pain in the right side, and right iliac fossa. She was very much relieved by the repeated application of leeches, followed by a blister, aperients, diaphoretics, calomel and opium, &c.

The pain returned two or three times, accompanied by swelling, frequent rigors, &c. After two or three weeks suffering, a considerable discharge of pus took place with the urine, and continued more or less for nearly a month, and then ceased. Before the discharge commenced there had been dysuria and retention of urine, for which it was necessary to pass the catheter. On examination per vaginam, previous to the discharge, there was detected heat, dryness, and tenderness of the vagina, also a fullness on the right side of the pelvis, and indistinct fluctuation. She menstruated for the first time since she aborted, December 9th; and December 18th, she was quite well.

ABSCESS IN THE PELVIS.

Mrs. Hands, aged 30, was delivered of her first child, March 26, 1842. She had a severe lingering labour, and was delivered with the forceps. After the forceps were applied, it required more force to deliver, than I thought justifiable, but Dr. Ingleby, who was present, advised me to deliver, if possible, without taking off the forceps, and rather than have recourse to craniotomy. The child was born alive, and continued to live, so far we were justified in persisting to deliver with the forceps. Delivery

was followed by sloughing of the parts covering the rami of the pubes, more particularly on the left side, retention of urine, fever, &c. At one time the finger could be passed through an opening formed by the slough, down to the bone. With great care and attention, regularly drawing off the urine and syringing out the vagina, she so far recovered as to be able to get down stairs at the end of the third week. Her general health was much improved; she could pass her urine without the use of the catheter, and the ulceration over the ramus of the pubis was nearly healed.

After being down stairs for two or three days, she had rigors followed by fever, pain in the pelvis, left groin, and in the left iliac fossa. This was followed by swelling in the left iliac fossa, and then in the groin. The swelling increased, and in a short time fluctuation was felt. I opened the abscess in the groin, and I should think nearly a quart of fetid pus was discharged in a full stream. She was much relieved, but she became hectic, and died about ten weeks after her confinement. The discharge continued more or less from the groin up to the time of her death. The ulceration in the vagina had healed, and there was no contraction of the vagina in consequence. No *post-mortem* was allowed.

INFLAMMATION OF THE UTERUS, ENDING IN ABSCESS.

Mrs. —, a patient of the Lying-in Hospital, after a rigor occurring immediately after the cessation of the catamenia, became feverish, with aching pain in the back, shooting pains about the lower part of the belly, accompanied by a sensation of heat internally, a weight, and bearing down when standing, and pain on evacuating the bladder and rectum. The pulse was quickened, and the tongue furred. On examination per vaginam, the anterior part of the uterus, near the cervix, was found to be tender, swollen, and hot. She was ordered to have leeches, to keep in bed, and to live low. To take calomel and opium at night, saline mixture, &c.

She was relieved; but a small abscess formed and discharged per vaginam. She afterwards soon recovered.

INFLAMMATION OF THE UTERUS AND ABSCESS.

Feb. 26, 1844. Mrs. Perry, aged 24, has had two children, the youngest is five months old; has been married *nine* years; twelve months ago she had a bad miscarriage; since then she has never felt so well; has menstruated regularly, and lost a good deal; a fortnight since she had a purulent discharge for a week; she then menstruated, and has continued to do so very freely up to the present time, with the exception of a few hours, when it ceased. She has had pain in her back and bowels the last fortnight, which gets worse; she is very sick, but does not vomit; has bearing down, and difficulty in making water; feels a weight in the uterine region; tongue slightly furred and reddish;

bowels relaxed; pulse slow and feeble; pain and tenderness in the left hypogastric region; no swelling externally. On examination *per vaginam*, the uterus was found very low down; the os nearly as low as the os externum; the uterus enlarged; hot and tender; the os patulous, lips swollen; pain in passing her motions, and for many weeks she has had pain during sexual intercourse; catamenial discharge copious and offensive, staining the napkin yellow. Examination *per rectum* showed the uterus enlarged more in that direction, (posteriorly,) great heat and exceedingly tender to the touch. Ordered saline mixture; calomel and opium; to keep in bed; to avoid all stimulants, &c.

February 7th. Pulse 116; tongue furred; passed a bad night; had very little sleep; wandering in her sleep; bowels not moved; urinates freely; no discharge; does not make water so often, but has great pain when she does; belly, below the umbilicus, swelled, and tympanitic, and painful on pressure. There is also great pain in the left inguinal region; cramp and numbness in the left leg. Ordered eight or ten leeches to the abdomen; warm fomentations, &c.; to continue the medicine.

8th. Tongue furred; pulse 90, and feeble; slight return of discharge; uterus still large and swollen, and very tender to the touch; complains of acute pain about the right sacro-iliac junction; there is some swelling; bowels not moved. Ordered a purgative enema; to continue the mixture and pill; anodyne fomentations to the abdomen, and injections *per vaginam*, three or four times a day, and afterwards a warm poultice to be applied to the vulva.

9th. Pulse 96; tongue furred and brownish; great thirst; a little discharge; a few small coagula; bowels moved three times; evacuations lumpy; pain each time; painful micturition. She has less pain in the hip, and less in the belly; less weight and bearing down; had very little sleep; finds great comfort from the fomentations and injections. Examination *per vaginam* showed both lips of the os uteri swollen; the uterus large and low down, not quite so tender. Ordered six leeches to the labia; continue the mixture and pill.

10th. About the same.

11th. Pulse 100, and feeble; complains of weight when she turns from one side to the other, more so on the left side; says there is a discharge of bloody matter from the rectum; difficulty in passing her urine; os uteri looks pale and oedematous, and is so low down as to be seen without the speculum; uterus very much enlarged posteriorly, and pressing upon the rectum, excessively tender, giving her acute pain on examination *per rectum*; tongue dry and brown. Perstet.

12th. Pulse 100; complains of great weight in the pelvis; there is a frequent and rather copious discharge from the rectum, of a transparent gelatinous character, like arrowroot and water mixed;

mouth a little sore. Ordered ten grains of Dover's powder every six hours, and a saline mixture.

13th. Better; less weight and pain; less discharge. Perstet.

14th. Better; less weight; there has been a very considerable discharge of very offensive pus from the rectum, whilst making water, and some discharge on the poultice.

15th. Better; passed a good night; discharge continues *per rectum*, escaping with the evacuations.

17th. Improving; discharge less.

20th. Improving.

27th. Has continued to get better; discharge *per rectum* stopped; slight leucorrhœa; no pain nor weight; she is regaining strength. Examination *per vaginam* showed the os uteri patulous, the anterior lip a little swollen; the uterus very much less, but still enlarged posteriorly and laterally; no tenderness. Examination *per rectum*:—still some enlargement, and at one point considerable tenderness; it feels as if there had been an ulceration. Tongue clean; pulse quick; no fever. Ordered one grain of the iodide of iron twice a day; alteratives at night.

March 19th. Health much improved; no discharge; has menstruated once since last report. Examination *per vaginam* showed the os and cervix uteri natural; the posterior part of the uterus rather larger and harder than natural; slight tenderness on pressure. Examination *per rectum* showed the same condition. Continue the medicines.

April 15th. Quite well.

PHLEBITIS PRECEDED BY ŒDEMA AND CONGESTION OF THE BRAIN.

February 29, 1844. Mrs. Grove, aged 42, mother of six children, and about seven months advanced of her seventh child. She is weakly and hysterical; has been troubled during the whole of her pregnancy with varicose veins; was taken ill about five o'clock this morning with violent pain in the stomach; she thought it was spasm, and took brandy and water; the pain appears to have been caused by taking frizzled kidney for supper. The pain at the stomach continued more or less the whole day. About five o'clock, p.m., she had pains of an uterine character, followed by a great discharge of liquor amnii. She took a dose of pills this morning, and has been purged four or five times. On Sunday last she felt unusually well, and exerted herself a good deal. The next day she perceived that her feet, hands, and face were swollen. She thinks she has not felt the child since, and fancies it must be dead; has been much annoyed by a distressing cold sensation about the umbilicus; she has sunk in size; her pulse is now (8, p.m.) 80, and rather strong; pains frequent, violent, and of a spasmodic character; she has had some hæmorrhage; frequent vomiting. Os uteri a little dilated at the vaginal portion, but not the uterine portion nor cervix; she says her head has

been rather painful, her face is a little swollen. The pains although frequent and severe, did not act upon or dilate the os. I left her about ten o'clock, and was called to her again about three o'clock the following morning; before I arrived the fœtus and placenta were expelled.

March 1st. Pulse 72; frequent vomiting; passed *very little urine*; pain and tenderness of the epigastrium and over the kidneys; headach, and great swelling of the eyelids. Ordered aperients, &c.

Vespere.—Pulse 96; sickness abated; headach; urine very scanty and very *albuminous*. Ordered leeches to the temples, and saline diaphoretic mixture.

2nd. Pulse 100; very much relieved by the leeches; made water directly after the leeches were applied, and twice since; slept comfortably; no sickness; still complains of her head; eyelids œdematous; sight dim; some secretion of milk; after pains; lochia pretty free; urine less albuminous.

Vespere.—Pulse 100; has had frequent shiverings or fits of chilliness; severe pain in the uterine region, and great soreness in the course of the femoral vessels and external iliacs; hysterical; still complains of headach, but the pain is not so bad as it was yesterday; urine scanty and albuminous. Ordered twelve leeches to the lower part of the abdomen; hot fomentations, &c.; a purgative enema; a pill of calomel and colocynth, and saline mixture.

3rd. Pulse 116; more developed; purged four times freely; tongue furred; passed more urine; sickness stopped; leeches bled freely; less chilliness; less pain about the uterus, but there is constantly some degree of pain; pain and great tenderness in each groin and iliac fossa, but worse on the right side. Ordered six leeches to each groin; a saline diaphoretic mixture; calomel, and hyoseyamus every four hours.

Vespere.—Much relieved by the leeches; she says the pain is now bearable; the uterus still enlarged, and very tender on pressure; great pain and tenderness over the right iliac artery; pulse 116; bowels moved twice; passed more urine; it is still albuminous; skin hot; head free from pain; slept a little; has had two or three slight rigors this afternoon; some milk; lochia plentiful, and still coloured. Ordered ten leeches to the right groin; continue the medicine as prescribed in the morning.

4th. Better; pulse 100; no pain except when she moves; much less tenderness on pressure; tongue slightly furred; bowels not moved; urine more plentiful and less albuminous; no rigors; still a little œdema of the face and eyelids.

Vespere.—Better; pulse 104; purged four times. Omit the pills.

5th. Pulse 104; purged four times; evacuations dark; passed water freely; half a pint at one time;

no trace of albumen; no pain; some little tenderness on pressure over the iliacs, but not over the uterus; discharge copious, watery and offensive; face still swollen; gums rather sore. Ordered vaginal injections of tepid water with yeast; continue the saline mixture.

6th. Has slept two or three hours; pulse 108; bowels not moved during the night; she was purged very much yesterday, but it was stopped by a starch enema; she perspires freely; no pain; discharge copious and offensive; mouth a little sore; urine more plentiful; no trace of albumen in it. Continue the saline mixture and tepid injection.

7th. Better in all respects; discharge less, and very little offensive; no pain; urinates freely; no albumen; the purging returned last night, but was stopped by a starch injection; pulse 108.

8th. Decidedly better.

13th. Pulse 110; slight rigor; slight soreness and swelling of the femoral veins. Ordered an aperient, hot applications, &c.

14th. She has had a violent attack of spasm during the night, from taking improper food yesterday; veins still painful on pressure. Continue a warm aperient every morning, and the saline mixture in the day.

15th. Better.

From the date of the last report, she gradually improved, but was unable to walk for some weeks. When she first began to move about she was much troubled by a bearing-down, and sense of weight in the pelvis, and by pain in the hips and inability to move; the femoral veins continued swollen and hard for some time; she is now, April 27th, convalescent, but not able to walk far. I think this patient might have been relieved, and probably saved much after-suffering, if I had bled her the first time I saw her, when labour pains came on, but at the time she was flooding, although not to any extent, as she is naturally weak and hysterical. This case clearly justifies the opinion of several accoucheurs, as to the risk of cerebral affection when there is œdema of the face and upper extremities during the last months of pregnancy.*

PHLEBITIS AND ABSCESS.

Saturday, April 6, 1844. Mrs. Greaves, aged 31, mother of five children, and has had one abortion, a patient of the Lying-in Hospital, was delivered this night week by Mr. Clarkson; she had a severe and lingering labour. On Monday night she had a severe rigor, followed by pain in the lower part of the belly; she had been suffering for many weeks before her confinement, from chronic abscess in the right breast; there were two or three sinuses in the breast which had existed nearly ever since her confinement; she had been

*Dr. Johnson, of Dublin, now Master of the Lying-in Hospital in that city, considers this to be a certain premonitory sign of convulsions. Ed.

badly off for some time, scarcely having a necessary supply of food.

April 6th. Her present state:—pulse 120, very weak; tongue very red; papilla raised; respiration quickened; milk in the left breast but none in the right, and the sinuses are closed; the discharge stopped; no lochia; urinates freely, rather oftener than natural; bowels rather relaxed; inflammation of the saphena vein of the right leg, and a small abscess on the calf of the leg. Uterus large and tender; complains of weight in the pelvis and bearing down when she makes water, accompanied by pain; belly swollen and slightly tympanitic; there is some effusion; has had very little sleep. Ordered compound powder of ipecacuanha, ten grains, every six hours, and saline mixture with sesqui-carbonate of ammonia every four hours. A linseed poultice to the leg.

7th. Pulse quick and feeble; tongue very red and dry in the centre; she says she feels rather better; slept two hours; bowels moved twice; abdomen more swollen and very tender over the situation of the left ovary; leg suppurating. Perstet.

8th. Pulse 130, small and feeble; tongue very dry; slept all night; bowels not moved since last report; belly more swollen but less tympanitic, and less tender; there is a greater fulness and hardness, (a circumscribed swelling,) in the left side, in the left iliac fossa, and streaks of redness about the lower part of the belly. The abscess on the calf of the left leg opened yesterday and discharged a good deal; the ulceration is looking unhealthy; there is a fresh abscess forming. Inflammation along the veins at the inner and back part of the leg, extending along the inner condyle to the upper part of the thigh; there is not much pain nor tenderness in the course of the vein; the inflamed part is swollen, and of a very deep red. Ordered a common enema; liniment of mercury over the left side of the belly, and to take saline mixture, and pills of calomel with opium and tartarized antimony. She complains of a difficulty and straining in making water, with frequent desire to pass it. Ordered to pass the catheter.

9th. Pulse 130, and feeble; tongue dry; bowels moved six times after the enema; leg and thigh about the same; there is a swelling on the right side of the neck; the uterus is less and scarcely felt above the pubis; the swelling in the left iliac fossa is larger, firmer, and distinctly circumscribed. She has less difficulty in urinating. Perstet. Ordered beef-tea, port-wine negus, &c.

10th. Weaker; pulse more feeble; tongue dry and chapped; bowels moved six times; passed urine more freely, and without straining. Abdominal swelling less; the swelling on the left side of the abdomen is also less, but reaches nearly to the mesial line: there is very little tenderness on pressure; thigh more swollen; leg rather less so; the sore looking more healthy. The swelling in

the neck under the right sterno-cleido-mastoid muscle is larger. Passed a restless night; complains of her mouth being sore. Omit the pills; to take a mixture with sesqui-carbonate of ammonia; negus, &c.

11th. Better; leg and thigh better; pulse rather stronger and slower; tongue moister; bowels moved five times; tumour in the neck a little larger. The swelling in the left iliac fossa less; distinctly circumscribed, and about the size of a large orange.

12th. Pulse 100; tongue dry and chapped in the centre; moist at the edges; cheeks flushed; bowels moved twice; passed a bad night; no sleep; free from pain, but feels low and worse; breathing still quickened; skin moist; no milk; no lochia; urinates more freely; neck about the same; belly less; the swelling in the left iliac fossa much less; the leg and thigh less swollen, and much less inflamed; three or four abscesses forming in the course of the saphena vein, one a little above the inner condyle, and one on the upper part of the thigh, perhaps about the origin of the arteria profunda. Ordered a linseed cataplasm to the leg and thigh, and to the neck; continue the mixture of ammonia, beef-tea, and wine, and to take fifteen grains of Dover's powder at bed-time; omit the liniment.

13th. Better; pulse 110, but stronger; tongue dry; slept all night; abscesses progressing; abdominal swelling less.

14th. Pulse 96; tongue moist, but chapped; leg and thigh better; the abscesses not broken; right hip inflamed; erysipelas of the right ear and cheek. Ordered a pill, with disulphate of quinine, one grain with each dose of the mixture; the anodyne at bed time.

15th. Something better; pulse 100; tongue moister; bowels not opened; swelling in the neck rather larger; a little tenderness on pressure over each groin, and over the external iliacs; the swelling in the left iliac fossa less; the abscess over the right hip has broken; discharged freely; the ear and face better. Ordered to have each abscess in the thigh opened; to have a purgative enema, and to continue the medicine, &c.

16th. Better; ear and cheek better, but the erysipelas has extended to the forehead; pulse feeble; tongue moist; hip still much swollen; thigh and leg better. She has had a purulent discharge from the vagina. To continue the tonics, wine, &c.

17th. Better.

18th. Improving; erysipelas nearly gone; better in all respects.

20th. Very much better. Ordered a quinine mixture, meat, ale, &c.

24th. Improving.

May 7th. Nearly well: a small abscess on the inside of the thigh, over the inner condyle.

20th. Well.

Sept. 20th. She is again pregnant.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 558.)

INFLAMMATION—SUB-ACUTE.

IX. *When irritation persists, the diameter of the capillaries is enlarged, the velocity of the circulation is retarded, the globules coalesce, secretion and nutrition cease, absorption is increased in activity.*

When it is remembered that congestion (VII.) and inflammation are merely the primary and secondary enunciations of the same fact, irritation (I. II., et seq.), and that their phenomena form successive links in the same chain of disorder, the extent and progress of which depend on the nature, relations, and seat of the antecedent (III.), it is not unnatural that divisions should have been attempted to indicate to what degree disease, in these circumstances, had advanced. The terms *acute* and *sub-acute*, denote the milder and severer forms of inflammation, but are arbitrarily applied. Neither inflammation nor congestion can exist alone and uncomplicated; the true forms of each are nevertheless well defined in nature. There is a period when inflammation attains exactly to the point defined above, which, although encircled by congestion, and intermingled with a more advanced stage of inflammation itself, marks the extreme limits of functional disorder, and may therefore be appropriately named *sub-acute*, to distinguish it from organic changes which arise immediately out of it, and which, by universal consent, come under the denomination of acute inflammation.

This distinction is new, and is opposed to that adopted by Andral and Gavarret, who, in a recent work, call the milder forms of inflammation *sub-acute*, notwithstanding that they are attended with an increase in the fibrinous element of the blood, the most marked feature of acute inflammation. The amount of this increase forms, with these celebrated writers, the sole ground of distinction. (*Andral et Gavarret, Recherches sur les modifications de proportion de quelques principes du sang.*)

The above definition, then, applies only to sub-acute inflammation. It comprehends changes observable by all who are disposed to investigate the subject, by the aid of the microscope, in transparent textures. It is the purpose of these papers to furnish principles, which, by forming a broad basis for analogy, allow of the interpretation of facts which were otherwise inexplicable. To all general rules, however, there must be exceptions. No function, for example, is more differently affected by disease than secretion. When it is altered or suppressed no function admits of more numerous and opposite explanations, according to the circumstances of the case. Such special exceptions will be noted and explained as they occur.

The condition of the nerves of the part in inflammation is perhaps as important as any of the phenomena of that disease. This condition, as in congestion, may be called abnormal irritation, to distinguish it from normal, or that healthful irritability of nerves, which, under special excitation, gives rise to an actual increase in the nervous function. That such an increase is of normal origin is manifested in every movement and sensation; it is called into play during the activity of organs whose functions intermit. In what manner the

nervous function is performed is unknown (I.); its laws only in this place form the subject of enquiry.

The phenomena of irritation which the nerves manifest in inflammation, though abnormal, are more prominent than in health, and it is this fact which has been so fatal to a correct pathology of the nervous system. It should always be borne in view that nervous function is not to be measured by its violence, but by its influence on the processes which are under its controul. For example, if, as in inflammation, the capillary vessels are dilated, and the other functions over which the nerves exert a salutary influence are suspended, it is manifest that the nerves themselves are weakened, and in an asthenic state. Their pain therefore is symptomatic of diminished nervous power.

It may be further added, that although too prolonged a continuance of an excitant may insensibly convert normal into abnormal irritation (V.), the causes of the latter differ from those of the former materially. The former arises from a nervous structure in which the nutritive process is maintained proportionately to the exercise of function; the latter in which the exercise of function exceeds the repairs of nutrition. What Müller says, applies in this instance with great force: "There are stimulants, it is true, in abundance, but they can strengthen the nerves only by promoting the reproductive process of nutrition in them."

In an experiment already cited, it was found that a puncture in the web of a frog's foot, exercised a well-marked influence on the capillaries through the medium of the nerves, inasmuch as the circulation after being completely arrested by it, was rapidly re-established, while in the opposite foot, the nerves having been recently divided at their spinal roots, a puncture in the web neither arrested what little circulation remained, nor added to its velocity. Now, it is a well-known fact that a puncture of this kind, under ordinary circumstances, engenders the inflammatory process; if therefore, by a modification of the same experiment, the laws of nervous action on the capillaries can be indicated, an acquaintance with the agency of the nerves in inflammation must necessarily follow.

In the experiment cited, although an almost immediate restoration of the circulation followed the puncture in the healthy web, proof was needed that such an event would not have obtained, had the puncture not been made. A fresh experiment was therefore instituted, of which the following was the result:—

Injury was inflicted on the spine at the left side, and the corresponding hinder limb rendered motionless and insensible.

Sensation and motion remained in the right leg. In the webs of both hinder feet the capillary and arterial current was arrested; some motion remained in the veins. In three quarters of an hour no change whatever had taken place in the circulation of either web. In an hour and a quarter later (two hours from the commencement), the current was restored in both feet. The right foot was then punctured, and the circulation arrested, but it returned shortly; the left was punctured, no change in the circulation was produced.

This, and the preceding experiment, viewed conjointly, afford evidence of the following laws:—

1. A general shock to the nervous system arrests circulation in the capillaries for a longer or shorter period, according to its severity.

2. A local shock (puncture) arrests the circulation in the parts to which the nerves affected by it are distributed.

3. A puncture tends to restore the capillary circulation already arrested, to the parts in its vicinity.

4. A puncture exerts its action on the nerves of the part, which is reflected on the branches arising from the same trunks with themselves.

5. The circulation of the capillaries, arrested by a shock, may be restored independently of the influence of the spinal nerves.

6. The spinal nerves, when irritated at their extremities, are capable of arresting, and, shortly after, restoring the velocity of the capillary circulation.

An obvious question arises at this stage of the investigation. Which set of spinal nerves is it that exerts this influence over the circulation of the capillary vessels?

To determine whether the sensitive or motor nerves were concerned, or both, the sensibility, only, of a limb was arrested by acupuncture through the spinal cord, at the dorsal region, and exactly in the median line. By this expedient, not only the sensitive but, in one instance, the excito-motor function ceased, for, on pricking the thighs, not the slightest convulsive movement followed. On examining the circulation, it was found unaltered; nor was it affected by puncture of the webs, an operation unattended by the slightest manifestation of pain. The current appeared somewhat retarded, however, immediately around the puncture. The above experiment was made three times.

The next experiment consisted in arresting the motor function by the introduction of a needle at the roots of the motor nerves on the right side. Paralysis of the right leg followed; sensation remained. On examination of the web it was seen that the circulation, except in the veins, was arrested. It soon returned, the shock being slight, at first in the arteries, and then in the capillaries; creepingly at first, then more quickly; and in a few minutes it was re-established fully. A puncture in the web now retarded the capillary circulation, which, however, was speedily restored.

The arrest of circulation, previous to puncture of the web, in this experiment is probably attributable to a slight shock (ix-1), for the means of arriving at the motor roots are of course painful in comparison with the expedient of puncturing at the median line of the spinal cord.

It may be remarked that the frogs, thus acupunctured, completely recovered their sensitive and motor powers. This mode of experimenting, which is extremely delicate, at the same time merciful, might be adopted to determine the seat of the excito-motory function, and the office of the various departments of the central nervous system. In fact the seat of the lesion can be ascertained after it is determined that this or that function is encroached upon.

The above experiments having been recently performed for the first time, of course require repetition; but as far as they extend, they leave it highly probable that the posterior spinal nerves alone exert an influence over the circulation of the capillaries. The puncture, therefore, which sets up inflammation around it, gives rise to the characteristic changes in the capillaries, primarily,—through the medium of the posterior spinal nerves.

It is a curious fact that the sensitive nerves appear to act locally on the capillary circulation only in the centripetal direction, that is, when the irritant action commences at their extremities. Treviranus and Baumgaertner, as quoted by Müller. (*Elements of Physiology*, by Baly.) In endeavouring to determine the influence of the nerves on the capillaries have operated on the trunk of the ischiadic nerve. "Baumgaertner," says Müller "directed a strong galvanic current through the ischiadic nerve to the foot of a frog; the irritability of the nerve was destroyed, and in most cases the circulation of the limb was arrested." "Treviranus," continues Müller, "asserted that the division of the ischiadic nerve in the frog caused the circulation in the web of the foot to cease, &c.

Whatever the result may be of this form of the experiment, it is attributable to the general shock to the nervous system (ix-1,) for when sensibility is destroyed altogether by acupuncture at the spine, which is unattended by shock as previously detailed, the circulation is unchanged. The only effect of the experiments of Baumgaertner and Treviranus could be to destroy the irritability of the nerve: but this suspended without a shock, as by acupuncture at the spine, no arrest of circulation follows.

Müller says of himself, "I laid open the spinal canal of a frog, and while my assistant, M. Hoevel applied the wires of a simple galvanic circle to the posterior roots of the spinal nerves, the irritation of which excites no contractions of the muscles, I watched the circulation in the foot of the frog. At the moment when the galvanic stimulus was applied, no change was produced in the motion of the blood. This experiment however is not conclusive, for it may be the anterior roots of the nerves from which an influence on the circulation is derived."

The spinal canal in this experiment must have been laid open some time before the application of the galvanic stimulus, or there would have been no circulation in the capillaries of the web. The effect of a simple circle would scarcely be to destroy the irritability of the nerves; nor therefore to affect the circulation, when applied at the posterior roots of the spinal cord. It has been shown, indeed, in the experiment by acupuncture, that an irritant action may be propagated in a centrifugal direction through the sensitive nerves, and have no effect on the capillary circulation. The concluding remark of Müller respecting the possible influence of the anterior roots of the nerves on the circulation, is met in an experiment already related, which bears upon the point in question. Such are the inductions which the experiments in some measure warrant, but the whole matter being in its infancy, it is stated subject to revision, and a repetition of the experiments in new forms.

(To be continued.)

ON THE USE OF THE CHLORIDE OF LIME IN DISEASES ATTENDED WITH CONTAGIOUS DISCHARGE.

By C. RADCLIFFE HALL, M.D.

Acute or subacute inflammation, after passing through its several stages, however these may be modified in duration and character by a variety of circum-

stances, has a natural disposition to terminate. But the presence of contagious secretion materially diminishes this natural tendency. During the process of nutrition, the fresh molecules of tissue are exposed, as soon as they are laid down, to the infecting influence of the matter already formed; and thus, as it were, a succession of new specific inflammations keeps up the disease. In the treatment of these affections, therefore, it is desirable not only to lessen the inflammatory action which causes the secretion, but at the same time to alter the contagious character of the matter secreted. The first only of these indications seemed to be fulfilled by the topical remedies usually employed. From their peculiar power as disinfectants, the alkaline chlorides naturally suggested themselves as likely to answer both the ends in view; and from its more caustic nature, chloride of lime was selected.

Experiments on the power of the alkaline chlorides to destroy the specific virus of poisonous secretions, are neither numerous nor very well established. Chloride of soda has been mixed with vaccine lymph, without impairing the power of the latter to produce its usual vesicle. But, on the other hand, chloride of soda has been found to destroy the infectious property of the syphilitic poison; and gonorrhœal matter, after admixture with a solution of chloride of lime, produced no puriform inflammation when applied to the lining membrane of the eyelids.

The use of the chlorides in foul sloughing ulcers, and in some skin diseases, as scabies, is familiar; and cases are recorded in which the solution of chloride of lime was found of great benefit in ophthalmia. Dr. Pereira states that a weak solution is very successful in the purulent ophthalmia of infants.

It is not only in ulcers with foul and fetid discharge that chloride of lime is useful. There is scarcely any form of ulceration to which, in different degrees of strength, it is not applicable. To irritable ulcers of the lower extremity, a weak solution, combined with opium, acts as an excellent sedative; to indolent ulcers, a stronger solution; to sloughing or phagedenic sores, a saturated solution proves of equal efficacy. In sloughing phagedena, either of the pudendum, or as cancrum oris, the saturated solution, with the addition of hydrochloric acid, has been found an advantageous substitute for nitric acid, or the solution of nitrate of silver in nitric acid.

Amongst the affections in which great benefit has been derived from the topical use of chloride of lime, I wish to direct attention to gonorrhœa and puriform ophthalmia.*

Gonorrhœa. In the first stage, before the discharge has become completely puriform or the scalding great, a single injection of about two fluidrachms of the strong solution will always put a stop to the disease, either in a first or subsequent clap. In the second stage, when there is considerable discharge of pus and more pain, several injections are required. In gleet, provided the discharge be not kept up by some structural change in the urethra, the strong injection is likewise useful, but not to so striking an extent. The effects of injecting the strong solution, are sharp pain, and often erection for the moment, slight puffiness

and eversion of the orifice of the urethra, and tenderness on pressure, and a feeling of unusual firmness for two or three inches down the corpus spongiosum, where these did not already exist. In a short time, the pain subsides, and in a quarter or half an hour, a serous discharge issues from the mouth of the urethra. Occasionally, œdema of the prepuce, with its attendant sense of numbness in the part, ensues. There is scalding, but usually not very great, for the first two or three micturitions after the injection; and what there is may be in a great measure obviated by injecting a little almond oil just before attempting to make water. In about eighteen or twenty-four hours, the lips of the urethra are found separated by a clot of firm yellow pus; this is removed by the stream of urine, and may or may not form a second time.

If the disease was only in its first stage, it is now cured; but if more established, the injection will have to be repeated, as often as the peculiar tingling sensation and gonorrhœal secretion re-appear. In this case, the small firm clot is not formed, but in its stead, there is a discharge of more fluid pus. The number of injections, and, consequently the length of time required for cure, depend chiefly upon the anterior duration of the disease. In the acute stage of a first attack, where both pain and discharge are considerable, I have never seen any harm from employing the strong injection, using, at the same time, mild aperients, tartarised antimony and opium internally, enjoining perfect rest and abstinence, and frequent washing out of the urethra with some weak astringent solution, as the solution of acetate of lead and sulphate of zinc combined so as mutually to decompose each other. On the contrary, the course of the disease has appeared to be materially shortened. When the inflammation is subacute, but the discharge still purulent, as in persons habituated to claps, or, after a certain period, in a first attack, copaiba or cubebs have been given in the usual way, but the injection has manifestly been of service. In gleet, a single injection has sometimes led to a cure after the failure of almost all other kinds of injection; more frequently, several injections have been required; in a few instances the chloride has entirely failed, but in these cases, no other form of injection subsequently tried has succeeded, and the disease has been cured by the use of bougies, or it has lasted until a fresh clap was contracted, or it has gradually worn out as the patient's general health improved.

The pain caused by this injection is not so great as that attending the use of the strong solution of nitrate of silver; the occasional œdema sometimes alarms the patient, but unnecessarily, as it always subsides in a few hours, requiring only that the patient remain quiet. I have never seen this œdema produce phymosis to any serious extent. Inflammation of the testicle I have not at present known to occur after using the injection; but frequently where the patient had not attended to his gonorrhœa until orchitis had supervened, after removing the latter inflammation, the clap has been effectually treated with the strong solution. I am not aware that its use has ever led to the formation of stricture.

Any strong astringent or stimulant, as sulphate of copper, or zinc, or alum, or nitrate of silver, will, as is well known, if locally applied at the very commencement of the gonorrhœa, frequently put a stop to the

* The liquor calcii chloridi, kept by druggists, generally contains sulphuric acid. The solution I have employed is simply a saturated solution in water.

disease. But all these also will frequently fail. I have never known the chloride of lime fail under these circumstances. One gentleman was cured of seven distinct attacks in the same year by this means.

Puriform Ophthalmia.—The great importance of frequent removal of the matter from the surface of an inflamed secreting membrane cannot be more forcibly illustrated than by the treatment of this disease. In a mild case of the purulent ophthalmia of infants, seen at the commencement, great cleanliness, the frequent removal of discharge, and the application of any appropriate astringent solution, will generally suffice for the cure of the affection. But when the child has been neglected and the disease allowed to run its course for some time unchecked, it becomes perhaps more serious and requires more watchful care than any other inflammation of the eye. In this, as in puriform inflammation of the eye in adults, the application of the strong solution of chloride of lime is of the greatest use. I have only treated one case of gonorrhœal ophthalmia in this way; but in that the result was equally satisfactory. In one case, purulent ophthalmia in an infant, which had resisted ordinary treatment for two months, was cured in four days by the strong solution. During the same year, the father had been cured by it of chronic gonorrhœa.

In no instance has the eye sustained any permanent lesion that did not already exist before applying the solution; but in many cases, a hazy cornea has become clear, and ulceration and opacity ceased to spread, as the purulent discharge diminished under its use. The mode of using the chloride has been the following:—The eyelids are slowly and gently separated until the cornea can be seen, when that is manageable, and all secretion wiped away with a fine soft sponge. A large bushy camel-hair pencil, charged with the strong solution, is then insinuated beneath the upper eyelid and swept round the front of the eye; the pencil is again charged with the solution and applied to the everted lower lid. Unless plenty of the fluid be thus applied, the application will be equally painful but less effectual. There is considerable pain, of a smarting, burning character, for half an hour or longer, and the already-swollen eyelids become still more tumid and prominent. This tumefaction is œdematous in character, the skin losing in some measure its peculiar redness and becoming more transparent. In a few hours, a serous discharge oozes out from between the eyelids, and the swelling partially subsides. This is followed by secretion of matter, but after two or three applications of the chloride, in perceptibly diminished quantity, the discharge gradually loses its characteristic yellow colour, and is seen in flakes on opening the eyelids. After three or more applications, the eyelids no longer swell as they did after the first, and the pain is much less. As the inflammation lessens, the lids assume a shrivelled, wrinkled, yellowish appearance, and the patient can open his eyes without touching them. The eyes are kept clean with warm water, matter never being suffered to collect beneath the upper lid, a little spermaceti ointment is smeared on the edges of the eyelids, and the strong solution is applied once in every twenty-four hours, until the secretion ceases to be in the least degree puriform. No other treatment whatever is necessary. The longest period

required for cure has been a month; the shortest four days.

I have never seen any injurious effect, such as contraction of the tarsal cartilage, from using the strong solution of chloride of lime; and as it does not destroy the surface to which it is applied, no such result is probable. Having seen the nitrate of silver, with and without the antiphlogistic treatment, employed very extensively, and witnessed its great efficacy in this disease, I believe that the chloride of lime used as above, will be found preferable. Its application is less painful, it cures the disease more speedily, and it never leads to mischief. In being applicable alike in the most acute and more chronic stages, it possesses no advantage over the other.

Holmes Chapel, Cheshire,

December 3rd, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 18, 1844.

We observe that the question of the registration of existing practitioners, is giving rise to considerable discussion, partly in consequence of the misapprehension of the place supposed to be occupied by the newly-created order of Fellows of the College of Surgeons. Some of these gentlemen, it appears, are inclined to consider themselves as surgeons *par-excellence*, and that the members of the College in general, heretofore certified by the Examiners as competent to practise surgery, are henceforth to be considered as of a different class. The subject will be found discussed in an able letter from a provincial surgeon of eminence in another column.

While alluding to the subject of the actual position, as regards registration, of existing practitioners, we may take occasion to reply to a question from a correspondent, requesting us to say how licentiates of the Apothecaries' Company will be registered under the bill. As the associates of the College of Physicians will be entitled to register as physicians, equally with the fellows, it cannot be doubted but that the members or associates of the College of Surgeons would, by implication, be entitled equally with the newly-created fellows of that College, to register as surgeons. The licentiates of medicine and surgery, therefore, if the expression have any meaning at all, must apply to the licentiates of the Apothecaries' Company.

The 28th clause of the bill, however, which we here re-print, is so explicit on the point, that notwithstanding the proverbial uncertainty of legal enactments, there seems no reason to question the true import of its provisions.

The clause is headed, *Persons now practising may be registered*, and is as follows:

"Provided always, and be it enacted, that it shall be lawful for the said council, on the application, within twelve calendar months after the passing of this act, of any person legally practising as a physician, *surgeon*, or *apothecary*, at the time of the passing of this act, in any part of the United Kingdom of Great Britain and Ireland, or on the application within two years of any person so legally practising in any of her Majesty's colonies and foreign possessions, to cause the name of such person to be registered as a physician, *surgeon*, or *licentiate in medicine and surgery*, as the case may be, on production to the said council of his diploma, license, or certificate, or such other proof as shall be satisfactory to the said council, that at the time of the passing of this act, he was legally entitled to practise as a physician, *surgeon*, or *apothecary*, as the case may be, in some part of the said United Kingdom, and on payment of a fee of two pounds in the case of fellows or associates of the said Colleges of Physicians and Surgeons respectively, and of five shillings in every other case, which fees shall be applied toward the expenses of this act; and during the said period of twelve calendar months every person legally practising as a physician, *surgeon*, or *apothecary* at the time of the passing of this act in the said United Kingdom, and during the said period of two years, every person so legally practising in any of her Majesty's colonies and foreign possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this act had not been passed, and no further or otherwise, unless registered under this act."

The chief ambiguity in the wording of the clause is in the passage "if any person *legally* practising as a physician, *surgeon*, or *apothecary*, at the time of the passing of this act, in any part of the United Kingdom." This ambiguity however applies neither to the English surgeon, nor to the licentiate of the Apothecaries' Company, but solely to the graduates of the Scottish and Irish Universities; and is moreover qualified by a subsequent passage "that at the time of the passing of the act he was *legally* qualified to practise as a physician, *surgeon*, or *apothecary*, as the case may be, in some part of the said United Kingdom."

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

(Continued from page 566.)

Let us now turn to the more questionable parts of the measure, and amongst these the first that claims our attention is the constitution of the Council (clause 2). This body, it may be affirmed, would be too much under the influence of the Crown. I am not apprehensive that in these days of scrutiny and fault-finding, any Secretary of State would nominate or approve of *decidedly improper* persons, but he might appoint individuals who, *unchecked by professional responsibility*, might look to the interests and aggrandizement of particular classes or grades, rather than to those of the profession at large, and of the public in connection therewith. Such a surmise is warranted at least by the omission of general practitioners from the Council: the composition of the Council is in fact without a parallel amongst the institutions of the country. It recognizes, to a small extent, the principle of representation, inasmuch as the Colleges of Physicians and Surgeons of the United Kingdom are each to send a representative; but the men who constitute nine-tenths of the professional body—the general practitioners—are not to be represented at all; unless, indeed, the *surgeon* from the provinces, who Sir James Graham *thinks* ought to be one of the Crown nominees, should happen to be engaged in general practice. Why there should be this exclusion of a great, influential, and deservedly respected class, from a body which is to preside over and regulate the affairs of the *whole* profession, I am at a loss to know. The framers of the bill may probably say, "Why consider the general practitioner as distinct from the physician and surgeon; why disconnect them? We offer inducements for the former to ascend into the other grades, and thereby obtain a voice in the government of the profession." That there is, at this present time, a disconnection between the physician and surgeon and the general practitioner, is beyond dispute, and if this be wrong, at whose door lies the blame? In the early part of the present century, while the London Colleges were engrossed, in watching the interests, the one of pure physic, the other of pure surgery, the public were demanding a class of practitioners who should unite in the same individual, the practice of both these departments in addition to midwifery, which partakes of each. The opportunity of providing such a class was offered to the Colleges and by them rejected. They would have nothing to do with the general practitioner; they handed him over to the company of Apothecaries. Henceforth, it appears, they are to construct, with the assistance of the latter, a joint board for his examination, and were the physicians and surgeons to be made *fellows* of their respective colleges, and the general practitioners, instead of being designated "Licentiates in Medicine and Surgery," were to become *members* of the Colleges of Physicians and Surgeons, there would be some show of reason in the course proposed, but the dissociation already existing, instead of being diminished, would be increased and widened by the bill. At this time, the Edinburgh Doctor of Medicine graduates after the same period

of study, and at the same age, at which the English general practitioner takes the diploma of the London College of Surgeons. The latter has in fact been treading on the heels of the physician and surgeon—too closely it would seem—as, in future, the physician must be 26 years of age, and the surgeon 25, while the age of the general practitioner is to remain at 21. In virtue of his diploma, the latter now styles himself a *surgeon*. He is a *member* of the College of Surgeons. Sir Astley Cooper, Mr. Abernethy, and Sir Charles Bell were no more. Hence the reason of so many persons putting themselves to the expense of a purely *honorary* diploma. No general practitioner calls himself an *apothecary*; he likes not the name, and is by no means proud of the source from whence it is procurable; the diploma of the College of Surgeons confers upon him the same title, and places him in the same list with the many distinguished individuals who have in this country, and in times gone by, shed lustre on the science and art of surgery.

But all this is to be altered under the new charter and the new bill, and amidst the changes likely to be induced thereby, can it be matter for surprise, that the general practitioner should look to the interests of his own order. The writer of the well-known article in the *Quarterly Review*, (Dec. 1840,) acknowledges that it is not so much for physicians and surgeons, as for general practitioners, that legislation is required. The time for legislating is arrived; a Medical Reform Bill has been read a first time, and how are they affected by it? The profession is to be divided into "Physicians," "Surgeons," and "Licentiates of Medicine and Surgery," i.e., General Practitioners. One Council is to preside over all. This Council will, *inter alios*, consist of three Regius Professors of Medicine, and two of Surgery; three representatives of the Colleges of Physicians, and three of the Colleges of Surgeons; and how many of the Licentiates of Medicine and Surgery? NOT ONE! Two of the three classes into which the bill divides the profession are to be represented, but the third, the most numerous, and, as far as the public is concerned, not the least important, is to have no share in the regulation of professional matters, not even of those appertaining to the education and government of its own grade. The College of Physicians in the year 1841, presented a petition to the House of Commons, wherein they stated that in their opinion, "physicians are, and ever must be, the best judges of the qualifications of physicians." May not a similar declaration be made in reference to general practitioners and their qualifications? The exclusion of this class from the Council would almost induce the belief that the author of the bill must, during its construction, have had in his eye a class of persons who, in London, are unfortunately rather numerous; persons who either are or call themselves *surgeons* and act also as druggists; who, in addition to salts and rhubarb prescribed and sold over the counter, combine the retail of perfumery, cigars, and lucifer matches. In the provinces, the number of such persons is comparatively few; there are, nevertheless now, (as there always will be,) both in London and out of it, many gentlemen engaged in general practice, who might with much advantage to such a body be added to a Council of Health and Medical Education. Some of these, it may be said, are *surgeons*, and would be at liberty to vote in the election of the

representative of the College of Surgeons of England. True, they have had the recent honour of the *Fellowship* put upon them, but they are not the less general practitioners on that account. Such they are, such they will probably remain, and such they will think it no degradation to be considered. How then, it may be asked, is a Council to be formed, so as to represent all classes of the profession? I believe this object would be most effectually attained by establishing a qualification which should be common to all medical men, physicians, surgeons, and general practitioners, and which should constitute their title to be registered as *qualified persons*. Without extending to every practitioner the right of voting, a sufficiently numerous constituency might be formed out of the registered body, and to this might be entrusted the duty of electing a part of the Council. It has been objected to such a plan, that it would give rise to agitation, jealousy, and other unpleasant consequences. No one can be more opposed than I am to anything which could lead to such unfortunate results among the members of a learned profession: better would it be to relinquish the electoral privilege, than that such evils should ensue from its attainment; but the profession is not a mob, its pursuits are retiring and peaceable, and it is difficult to arouse its members or to bring them together even to vindicate their own interests. A limited election by such a body might be conducted without excitement of any kind; it would ensure the appointment of able and distinguished men, and the profession would feel confidence in a council chosen by it in conjunction with the Crown. As there are two parties to be served—the public and the profession—it is only right that the Crown should nominate part of the Council of Health. A connection would thus be established between the profession and the State, which would give the former a degree of influence it has never yet possessed.

The foregoing mode of organizing the profession and its ruling council, has been sanctioned by high individual authority, and by various associated bodies. There does not, however, at present seem much likelihood of its being acted upon; but if a supreme Council is to be established, and if that Council or part of it is to be made *representative*, it should represent not alone this or that department or section, but the whole professional community. If the profession is to be divided into three distinct classes, and if two of these be empowered to send members to the said Council, reason and justice demand that a similar privilege should be accorded to the remaining class. A difficulty, it is true, presents itself as to the mode of selecting the representatives of the latter, which does not attach to the others, seeing that general practitioners, unlike physicians and surgeons, are not associated in a commonality or college of their own; if this however be the only difficulty, it is one that would be easily surmounted by the exercise of the Royal prerogative. The general practitioners might be incorporated, and from their corporation or college, a due proportion of representatives might be chosen to officiate as members of the Council of Health, &c.

It is unnecessary for me to discuss, at the present moment, the expediency or desirableness of a third Medical College. I mention such an institution, in this place, as affording a medium of securing to the

general practitioner an equal representation with the physician and surgeon in the governing body of the profession, without wishing to assert that this object is unattainable by other means.

The age at which persons are to be admitted as licentiates of medicine and surgery, I would humbly submit is too early; 23 would have been preferable to 21. It seems of late years to have been settled that four years are enough wherein to prepare a student for the duties of medical practice—aye, and for the degree of M.D. Surely this is too short a term of study. Six years at least should be exacted. By the age of 17, a youth would have had time to procure a good preliminary education, and the subsequent six years would admit of a good medical education, including a period—not of five years, but of some months—occupied in something analogous to the apprenticeship of the present day.

The Bill, while it gives the profession one head does not unite its members in one body; neither does it acknowledge the unity of medicine and surgery, by ordaining that all qualified practitioners shall, up to a certain point, be similarly educated. I should have been glad to find in the bill some process for discountenancing and punishing dishonourable conduct amongst registered practitioners, such as erasure of the offender's name, loss of privilege, &c. Sir James Clark has adverted to such a provision, and it would undoubtedly have a salutary influence.

(To be continued.)

THE COUNCIL OF HEALTH AND MEDICAL EDUCATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As the Council of Health and Medical Education, if not properly established, probably will unwittingly sanction the Council of the Royal College of Surgeons in attempting to pass off their "Fellows," as a superior race of surgeons, it may be well for us to discuss the subject of the pretensions of "*Fellows of the College*" to superior merit. And as the College of Surgeons have differed very much from the Society of Apothecaries, in the treatment of their respective members, it may be well to point out at the same time, the extent of that difference.

Before receiving a diploma from the College of Surgeons, each member, after his examination, is desired to take an oath (I speak from memory) to the following effect:—"That he will not do anything to disparage or to bring into disrepute, the character of a brother practitioner; nor anything to sully the honour or to lower the dignity of his profession in public estimation." But, a majority of the Examiners and Council of the College, I suppose, thinking precept better than example, have taken steps to degrade the bulk of their members, by invidiously raising, or rather endeavouring to raise, above the rest of their members, a small number, who have procured public appointments or who happen to have interest with that body. And when a deputation from the less favoured members sought an interview with the Council on the subject, they refused to see the deputation.

The Society of Apothecaries, on the contrary, have offered to confer with us (the degraded); to assist us in upholding our present station in the profession, and in endeavouring to retain, as heretofore, the public confidence as professional men. The Society of Apothecaries have raised their standard of medical education to such a high degree as to make the general practitioner more extensively informed in physic, surgery, midwifery, and the collateral sciences, than "pure" physicians, or "pure" surgeons are; and such elevation is calculated to excite the well-grounded fears and jealousy of those physicians, who, not practising midwifery, are more ignorant of the diseases of women and children than general practitioners are; and of that class of surgeons who are much less frequently consulted than they were before the Society of Apothecaries had so highly educated and elevated the general practitioners; whilst the College of Surgeons have withdrawn themselves from intercourse with, and have separated themselves from, general practitioners; and moreover, have applied for and have obtained fresh Parliamentary enactments and powers, for enhancing and extending their own interests, only, as hospital surgeons and lecturers. Although the conduct of the two bodies has been shown by different circumstances; yet it has been displaced. The surgeons have acted somewhat like the bear in *Æsop's* 86th fable, and they, perhaps, may not find it very dissimilar. The hospital surgeons are to enrich themselves by fees from apprentices or dressers. The apprentices or dressers are to pay the fees to entitle themselves to an examination for a Fellowship and to become consulting and operating surgeons—a class above the members of the College; but, will their dresserships and their Fellowships make them the better surgeons? Decidedly not; a talent for acquiring and a memory for retaining elementary knowledge, so as to pass a first-rate examination, will not avail them anything as practical and useful surgeons; inasmuch as they will be almost sure to fail in more important faculties, and although it may enable them to convince non-professional men of their superior learning, it will not enable them to discriminate diseases, to cure them, or to operate with superior dexterity. If passing an examination with *éclat* would make a man a practical surgeon; why are not the first class men and the first wranglers the best clergymen? As far as I have seen, the shining abilities for acquiring learning, information from books and lectures, are anything but good omens; there are exceptions, but Nature, generally speaking, distributes her "Gifts" with fairness and justice; so that if a man have some unusual abilities, he will be deficient in others.

The essentials for a medical man are, good health, courage and firmness, a steady hand, common sense and judgment, acuteness, discernment, discretion, inherent genius with humility, and some mechanical knowledge. Now, a young man may have these essentials; he may acquire a sufficient knowledge of anatomy, physiology, and other requisites for practical usefulness; and although he may not have the means of becoming more eligible as a candidate for a Fellowship, yet, after having had a shorter time for practice, observation, and experience, than many of the Fellows of the College of which he is only a member, he may become far more skilful in detecting, distinguishing, and curing

disease, and much more adroit in operating, than another man who stood first in honours at the examination for Fellowships. Doubtless some Fellows will make good practical surgeons; what I maintain is, that those who do will represent the exceptions, not the rule. We know that the most scientific are seldom the best practical men; and, amongst those who are fully qualified, we all could point out a man who, though able to talk very learnedly about a complaint, yet could not cure it; and another man who, though he could not enter into a learned discussion about a disease, yet, would eradicate it from the system.

Amongst the public, men of common observation and discernment would be generally able to distinguish between the good and the bad practical men, if they had the means for judging, but they have not opportunities for doing so; therefore they must apply to and employ those men who are the most sanctioned by the "Council of Health and Medical Education." But how may the public be misled by that Council if it be not composed of sound practical professional men! It indeed will be "the blind leading the blind," and they will be many who fall into the pit! It would be far more likely that the first-class men and wranglers at College, would make the best pastoral Clergymen; but are they more able to ascertain and to become better acquainted with the characters and dispositions of men? Do they better understand men's various passions? Do they know better—

"Each chord, its various tone;
Each spring its various bias?"

Do they succeed better in reclaiming men from what is wrong to what is right?—in short, do they make the best practical men? As a clergyman who can write an eloquent and learned discourse, is seldom one of the most successful in his pastoral duties, so (the analogy in medicine answers well) a man may be learned in medical science and theoretical imagination, without being acute, wary, sound, and wise, with tact in practice. The Fellow who has been preparing himself for, and who has past the best examination in, elementary knowledge, will not often prove the most successful practitioner; will not cure diseases better nor operate more dexterously than the majority of the members, having the same opportunities in practice.

Sir, as I have been upwards of thirty years in the profession, have no one to succeed me in practice, nor any private interest to serve; and as I enclose my name and address, allow me to subscribe myself

"PRO BONO PUBLICO."

SALE OF QUACK MEDICINES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The subject of quackery and the sale of quack medicines, has been brought before the public and the medical profession at the various meetings which have lately taken place on Sir James Graham's Medical Reform Bill. This, I think, is to be regretted, not because I consider quackery and the sale of quack medicines or universal remedies, is not an evil that the regularly educated medical man ought not to complain of, but it is because I am quite certain that it

would be impossible for Sir James Graham to carry a bill through the House of Commons for the purpose of improving the medical profession, containing clauses for the suppression of the sale of stamped or quack medicines. There is already an Act in existence for regulating the sale of all patent or secret specifics, and for fixing the amount of duty each article is to pay; and as this duty is a source of profit to the Government, and under the controul of the Chancellor of the Exchequer, Sir James Graham would, therefore, be affecting the income of the country if he introduced such a clause, and intruding on the province of the Chancellor, which would raise up a host of opponents in the House of Commons against his Medical Bill. It, therefore, would be much better for us to do as the Home Secretary did in his bill, omit all mention of quackery at our meetings, as by introducing these matters in our petitions and memorials, I fear we shall injure the cause of Medical Reform instead of promoting it.

To put down quackery, whether practised by the ignorant empiric, or men holding diplomas from Medical or Surgical Corporations, ought to be the object of any measure for the improvement or the reform of the medical and surgical profession; and this I think is practicable; but to attempt to put down the practice of vending quack or proprietary medicines by any legislative enactment, I believe to be impracticable. It is not the lower classes of the community that buy and patronize the advertised nostrums, but the higher and educated; and I am inclined to think that credulity and ignorance on the part of the public, and not the want of legislative interference, is the great basis on which quackery is founded. Can we wonder at the blind confidence patients, who are suffering from lingering disorders, repose in quacks and their nostrums and specifics, and how obstinately these credulous beings are sometimes bent in having recourse to such as they see advertised, when to these advertisements they see attached testimonials from the first noblemen and gentry of the land, as well as certificates of their efficiency and worth from the Right Reverend Bishops and other dignitaries of the Church. It was those names, I have no doubt, that frightened Sir James Graham, and led him in his opening speech to say, "It was not his intention to attempt to suppress quackery by introducing new statutes." He well knew the parties he would have had to encounter if he had. I think we have much more to fear from the quackery in our profession than we have from the sale of quack medicines; and the one, I believe, to be more injurious to the public than the other. Quack doctors Sir James Graham may and ought to deal with, but quack medicines he had better let alone.

To invest the Council of Health and Education, which I believe is intended, and I have no doubt will protect and elevate the members of the profession, and to improve the science of medicine and surgery, with the power of analysing all the quack nostrums that may be introduced to the notice of the public, as has been recommended at many of the meetings I have alluded to, would I consider be degrading both the Council and the profession, as it would be sending forth to the world these remedies with their approval and authority, and be raising up quackery instead of putting it down. As the law at present stands, there

is to be a stamp put on every advertised medicine, amounting to the value of the article; this is paid by the consumer, and all vendors of patent or advertised medicines must take out an annual license of 10s. to enable them to sell quack medicines, but the *proprietors*, who get an enormous profit, pay no duty, nor are they required to take out a license. Now I would recommend the Council of the Medical and Surgical Association, to send a memorial to the Chancellor of the Exchequer, to get him to introduce a bill into the House of Commons, for the purpose of compelling all proprietors of stamped medicines to take out an annual license, say five or ten pounds. This I think would deter many from embarking in a trade for which they would have to pay an annual tax, and thereby prevent an increase of empiricism.

I am, Sir, yours, &c.,

GEO. KING.

Bath, Dec. 6, 1844.

THE REGISTRATION CLAUSES OF THE MEDICAL BILL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Considerable anxiety exists as to the position in which the members of the College of Surgeons would be placed, by the system of registration proposed in Sir James Graham's New Bill. The clauses that bear upon this subject, are the 13th, the 17th, and the 28th; and even by comparing them with, and interpreting them by, one another, it must be confessed that the framer of the bill does not seem to have had very clear notions upon the subject. There are at present *three* classes of professional men, who are commonly styled *surgeons*, viz., those who are simply Licentiates of the Apothecaries' Company, those who are simply members of the College of Surgeons, and those who are both. But although the first of these classes commonly assumes this title, the new bill, in clause 28th, obviously imposes upon it the designation of Apothecary, which is unquestionably its proper legal title. The same clause recognises a body termed *surgeons*; and the question I wish to bring before the profession is, *who will be registered as SURGEONS should the registration clause of the proposed measure ever be carried into effect?* By the way of answering this query, I heard one of the *new fellows*, who, by the bye, *practises midwifery and dispenses his own medicines*, assert, much to the amusement of the rest of the medical men in whose company he was, that under the new bill *none* would be registered as *surgeons*, except the *fellows* of the College of Surgeons! This, however, is an absurdity, since there are many surgeons in London, and some in the provinces, who pursue the same line of practice as the *purest* of the *pures*, but who are *not* fellows. Now, if these gentlemen are to be dubbed *licentiates* in medicine and surgery, whilst the *new fellows* who *practice midwifery and dispense their own medicines*, are to be registered as *surgeons*, the climax of injustice and confusion will have been reached. We are then quite justified in concluding that the fellowship will not give any privilege in registration.*

* In the 28th Clause there is a provision that the registration fee shall be "*two pounds* in the case of fellows or associates of the Colleges of Physicians and Surgeons."

If this view be correct, it only remains for us to suppose that some other principle of registration, more just in its application, will be adopted; and I can see none, but that of granting the title of surgeon to every one who had attained the membership of the College of Surgeons, at a time when that was considered the *highest surgical rank*, at which a man could arrive in virtue of a *surgical examination*. I think that many will agree with me in thinking that this is contemplated, if they will compare the 17th and 28th clauses of the bill. We find in the 17th clause, that in future it is intended that any one may, if duly qualified, register himself on *double testimonials*, either as physician and surgeon, or as a physician and licentiate in medicine and surgery, or as a surgeon and licentiate in medicine and surgery. We find, moreover, in the 28th clause, that on application, within twelve months after the passing of the act, any person legally practising as physician, surgeon, or apothecary, may be registered as a physician, surgeon, or licentiate in medicine and surgery, as the case may be. The last title, viz., licentiate in medicine and surgery, is obviously substituted for the old one of apothecary.

Now, I take it, that as it is contemplated, in the case of future members of the profession, that an individual may register on *double testimonials*, so may those practising at present. A gentleman who has graduated at the University of London or of Edinburgh, and is, moreover, a member of the College of Surgeons, will be able to register himself as physician and surgeon; another who is similarly qualified as a physician, and has also the license of the Apothecaries' Company, will be able to register himself as physician and licentiate in medicine and surgery; and a third who is a member of the College of Surgeons, and a licentiate of the Apothecaries Company, will be able to register himself as surgeon and licentiate in medicine and surgery. The mere physician, the mere surgeon, and the mere licentiate of the Apothecaries' Company, will be respectively registered as physician, surgeon, and licentiate in medicine and surgery.

It may be objected to these views in respect to the title of surgeons, that unless the *fellows* of the college have the *exclusive* right to the name of *surgeons*, their honours are of little practical value. But those who thus object must remember that the object of electing fellows at all, was not so much to elevate them socially above the members, as to form a *constituency* by means of which the representative principle might be, in some degree, introduced into the government of the college. Arbitrarily to degrade gentlemen who have passed the highest surgical examination of their day, from the rank and title of surgeons, to that of licentiates in medicine and surgery, is a piece of daring insolence which no sane government would attempt to perpetrate, and which no rational legislature would for one moment listen to; however much it may be desired

I am not aware whether the interpretation of the term *associate* is to be left to the Council of Health, or is intended to refer to some new title which is to be defined in the forthcoming Charter of the College of Physicians. With reference to surgeons, I take it for granted that *associate* is intended to mean "*Member of the College of Surgeons*." It is just possible that the word *associate* has been adopted on account of its being so equivocal that it may be made to mean anything or nothing, according to the temper shown by the surgical branch of the profession on the subject of registration.

by a few weak-headed gentlemen whose brains have been somewhat over-excited by the imaginary honours of the fellowship.

I am perfectly aware that the bill is extremely defective on these points, in perspicuity, fulness, and precision. Thus it does not in any way allude to the fact, that an individual who is legally qualified to practise in one part of the empire is not so in another; and therefore, unquestionably, the term "legally qualified" is very indefinite, and may be made to mean anything that the "Council of Health and Medical Education" may please. I think, however, we may fairly presume, that as the bill is so extremely liberal to all kinds of *unlicensed* practitioners, it is intended to be equally so to the *licensed* members of the profession; and, therefore, in interpreting and carrying out the registration clause, its author doubtless contemplates an extremely liberal course. It is very desirable that these questions of registration should be mooted, and an official opinion thereon be, if possible, elicited. I sincerely hope that this letter will raise a discussion in the pages of your Journal on this part of the new bill, which has a very important practical bearing upon the future social position of every one who, like myself, is

A MEMBER OF THE COLLEGE OF SURGEONS.

Manchester.

SIR JAMES GRAHAM'S MEDICAL BILL. TAUNTON BRANCH MEETING.

A Special General Meeting of the Members of the Taunton and Somerset Branch of the Provincial, Medical, and Surgical Association, and of the Medical Practitioners generally, residing in and about the County of Somerset, was held at Taunton, on Wednesday, the 4th of December instant:—

Dr. Macmullen, of Taunton, President of the Branch, in the Chair.

After some excellent observations by the Chairman, which, as well as those made by Dr. Burridge and other gentlemen in the course of the proceedings, we regret to omit, Mr. Higgins, the Secretary, proceeded to read the resolutions, premising that they had been prepared at a preliminary meeting of the Committee of the Branch Association, but that they were open to any amendment that might be thought advisable. As they bore a similarity in language to those adopted at the meeting at Derby, he thought it proper to state that the resolutions which were adopted on the subject in that town were in some respects so well worded, as to forms and modes of expression, that they had, here and there, been incorporated into the resolutions which were to be submitted to the meeting to day; for the object of the Branch Council had not been to get up resolutions in a novel form, but simply that they should be full and expressive of the requirements and opinions of the meeting. He had been anxious to make this statement, inasmuch as Drs. Hastings and Streeten had been charged with sending round to the different Branch Associations printed forms of such resolutions as they wished to have carried. Now he (Mr. Higgins) begged most firmly and publicly to declare that no such communication had been sent to the Taunton

Branch, nor had any communication been made to it by these gentlemen with reference to their meeting. Mr. Higgins then read the whole of the resolutions *seriatim*: after which the following resolutions were severally moved and seconded, and adopted unanimously:—

Moved by Mr. Wallis, of Castle Cary, and seconded by Mr. Billett: "That this meeting bails with satisfaction the disposition of the Legislature to amend the present anomalous state of the Medical Profession, as shown by the introduction into Parliament at the last Session, by Sir James Graham, Bart., one of Her Majesty's principal Secretaries of State, of 'A Bill for the better regulation of Medical Practice throughout the United Kingdom.'"

Moved by Dr. Reginald Burridge, of Taunton, and seconded by Mr. Stuckley, of Martock: "That the thanks of the profession are due to the Right Honourable Secretary, for the manner in which he introduces his bill, inasmuch as he has afforded an opportunity to the members of the medical profession, of duly considering its provisions and principles previous to its passing into a law."

Moved by Dr. Gidley, of Taunton, and seconded by Dr. Coster, of Castle Cary: "That this meeting cannot but express alarm and deep regret at that part of the bill which proposes entirely to abolish all restriction on the practice of medicine and surgery, by unlicensed and unqualified persons, believing such a measure to be fraught with most injurious consequences to the community, and ruinous to the best interest of the regular practitioner."

"The meeting is therefore of opinion that the illegality of such practice should be unequivocally declared, and some ready and effective means of prevention be adopted; and further, that it is a circumstance much to be regretted that the Government should deem it expedient to obtain any revenue from the sale of secret remedies."

Moved by Dr. Sewell, of Bridgwater, and seconded by Mr. Alford, of Taunton: "That while this meeting views with satisfaction the proposal to connect so important a branch of the community as the medical profession with the State, as affording a ready medium of access to the Government for the expression of its wants and wishes, and while it highly approves of the establishment of a Council of Health and Education exercising authority over all the existing Medical Corporations, it cannot but regard the constitution of such Council, as provided for in the Bill, as far too exclusively ministerial; for here the governing body being composed of a majority of official men, the wishes and interest of the medical profession would run the risk of being overlooked from a natural anxiety on the part of the Council to support the views of those by whom such appointments are conferred."

Moved by Dr. Sully, of Taunton, and seconded by Mr. Pranker, of Langport:—"That this meeting is disposed to view with some degree of satisfaction that an approach to an uniform standard of education and qualification, and the right of practice by all qualified persons without respect to local privileges, form two of the great leading principles of the bill; but at the same time it regrets that it is not proposed to enforce these principles in their full and extended sense—for this meeting is of opinion that such a full carrying out

of these principles as would enforce upon all practitioners a good and uniform education, both preliminary and professional—an equal recognition of all, and the enrolment of all in one great Corporate Institution—would tend entirely to remove the prevailing divisions, jealousies, and monopolies in the profession, and could alone lead to any satisfactory adjustment of the profession; inasmuch as such an arrangement, though enforcing upon all one and the same mode of entering the profession, would not prevent the licensee or legally-qualified practitioner from attaching himself more particularly to one or other conventional department of practice, neither would it preclude the attainment of degrees or honorary titles in medicine and surgery as at present, nor the full possession and exercise by persons holding them of such privileges as physicians and pure surgeons now enjoy."

Moved by Dr. Stoddart, of Comeytrowe, near Taunton, and seconded by Mr. Higgins, of Taunton:—"That inasmuch as there appears to be no prospect at the present time of the Legislature consenting to the union of the *whole profession* into one body or faculty of medicine, and in the absence of any provision for the admission of the general practitioners into a participation on terms equal and honourable to that body in the corporate privileges of either of the Colleges of Physicians and Surgeons; it appears absolutely essential to the well-being of this, the most numerous and influential body of the profession, that they should be united into a separate College, or Body Corporate, (under some such name as 'The College of Medicine and Surgery,') with power to manage their own affairs independently upon the representative system, and that the interests of such corporation should be fully and equally represented in the Council of Health and Education."

Moved by Dr. Brock, of Wellington, and seconded by Mr. Mosse, of Taunton:—"That this meeting deeply regrets not to find a recognition of the representative principle in the formation of the governing bodies of the profession; hence it is of opinion that a direct provision ought to be made, either in the shape of a distinct principle of the proposed bill, or by amended charters to be granted to the Colleges of Physicians and Surgeons, for enforcing the representative system in the governing bodies of these corporations."

Moved by Mr. Symes, of Bridgwater, and seconded by Mr. Axford, of Bridgwater:—"That this meeting fully appreciates the attempt to secure an improved system of registration of all qualified practitioners, and moreover, that this should be compulsory and not optional; but it is of opinion that the proposed amount of fees for such registration is unnecessarily high, and it sees no reason why the different branches of the profession should not be uniformly registered as practitioners of medicine with an uniform fee."

Moved by Dr. Catlett, of Taunton, and seconded by Mr. Rossiter, of Williton:—"That it is highly expedient that the following Petition, founded on the above resolutions, be adopted and presented to the Houses of Lords and Commons, and that every member of the profession should exert all the influence he may possess with Members of Parliament, to support the prayer of such Petition."

"That the Right Hon. Lord Portman, Lord Lie-

tenant of the county, be respectfully requested to present that to the House of Lords, and T. D. Acland, Esq., to the House of Commons."

The petition embodied the substance of the preceding resolutions.

Moved by Dr. Woodforde, of Taunton, and seconded by Mr. John L. Burnard, of Crewkerne:—"That the thanks of the meeting be unanimously given to the Editors of the *Times* newspaper, the *Lancet*, *Medical Gazette*, *Medical Times*, and *Provincial Medical Journal*, for their continued and powerful advocacy of the interests of the medical profession."

Moved by Mr. F. Flower, of Chilcompton, and seconded by Mr. Poole, of Bridgwater:—"That a copy of the foregoing resolutions be sent to the Right Hon. Sir James Graham, with the expression of a hope that he will so amend the present bill that it may upon its re-introduction prove fully beneficial to the public welfare, and acceptable to the whole body of the profession."

Moved by Mr. Randolph, of Milverton, and seconded by Mr. Smith, of Bishop's Lydiard:—"That the following gentlemen, viz., Dr. Macmullen, Mr. C. H. Higgins, and Mr. W. E. Gillett, form a deputation to wait on the members for the Western Division of the County, and for the Borough of Taunton, to solicit their support to the prayer of the Petition; the following gentlemen, viz., Dr. Coster, Mr. Flower, Mr. Crang, and Mr. Miller, a similar deputation to wait on the members for the Eastern Division of the County, and for the Boroughs of Wells and Frome; and that the following gentlemen, viz., Dr. Toogood, and Mr. Poole, form a similar deputation to wait on the members for the Borough of Bridgwater."

Moved by Dr. Toogood, and seconded by Mr. Gillett:—"That the thanks of the meeting be given to Dr. Macmullen for his able conduct in the chair."

The following gentlemen were also among those present at the meeting:—Dr. Kelly, Dr. Kinglake, and Dr. Peebles, Messrs. S. Hugo, C. H. Cornish, H. G. Foy, and C. Welch, Taunton; A. King, Bridgwater; G. Kidgell, A. Langley, and W. Pyne, Wellington; J. Crang, Timsbury; A. Allen, Ilminster; Plowman and Marchant, North Curry; Harvey, South Petherton; Parkinson, Milverton; &c.

DORSETSHIRE MEETING.

Pursuant to a notice issued by a preliminary meeting held at Dorchester, inviting the members of the profession throughout the county of Dorset to assemble for the purpose of taking into consideration the bill introduced in the last Session of Parliament, by her Majesty's Secretary of State for the Home Department, for the better regulation of medical practice, a general meeting was held on Friday last, in the Board Room of the Dorset County Hospital:—Dr. Jackson, of Dorchester, in the chair. There was a numerous attendance of practitioners, among whom, were the Worshipful the Mayor of Dorchester, John Wallis, Esq.; Mr. Tapp, Mr. Curme, Mr. Edwards, Mr. Panton, Mr. H. Arden, and Mr. Emson, of Dorchester; Dr. Smith, Mr. Trowbridge, Mr. Lithgow, and Mr. Boyd, of Weymouth; Dr. Lees, Mr. Spooner, and Mr. James Lithgow, of Blandford; Mr. J. W. Daniel, and Mr. Joachim Gilbert, of Beaminster; Mr. W. F.

Coles, of Cerne; Dr. Williams, of Sherborne; Mr. Rendall, of Maiden Newton; Mr. R. Fookes, of Stalbridge; Mr. W. Sweeting, of Abbotsbury; Mr. Charles Ingram, of Corfe Castle; Mr. Charles Wilcox, of Swanage; Mr. Clapcott, and Mr. Good, of Sturminster; Mr. Gunn, of Bridport; Mr. Reeks, of Piddletown, &c. &c.

After the reading of a very able analysis of the bill, by Mr. Spooner, of Blandford, for which the special thanks of the meeting were voted to that gentleman, the following resolutions were proposed and agreed to:—

Moved by Dr. Lees, of Blandford, and seconded by Mr. Sweeting, of Abbotsbury:—"That this Meeting is gratified that her Majesty's Advisers consider the present state of the laws relating to medicine such as to require revision, and trust that, as Sir James Graham has allowed time for the consideration of his measure, and has exhibited an apparent readiness to listen to the suggestions of those practically acquainted with its bearings, such a bill may be passed as will tend to promote the general interests of the profession and the public."

Moved by Dr. Smith, of Weymouth, and seconded by Mr. Fookes, of Stalbridge:—"That this meeting is convinced that the security of the public, and especially of the poorer classes of the community, demands from the State a provision of competent medical practitioners; and it is but just that those who have qualified themselves by an arduous and expensive course of education for their important duties, should receive from the Legislature adequate protection against the encroachments of incompetent and ignorant pretenders; they have, therefore, seen with surprise and apprehension that it is proposed to repeal the existing restrictions upon the practice of medicine, without the substitution of any protective enactments against the uneducated and unlicensed."

Moved by Mr. Curme, of Dorchester, and seconded by Mr. Gilbert, of Beaminster:—"That while this meeting would highly approve of a general Council of Health and Medical Education, it is considered necessary in order to render it effective, that every class of the profession should be adequately represented; and seeing that the immense majority of its members, acting as general practitioners have been completely overlooked, they cannot but suppose such an oversight only requires to be brought before the notice of the framers of the bill to be immediately and efficiently remedied."

Moved by Mr. Spooner, of Blandford, and seconded by Mr. Curme, of Dorchester:—"That in the absence of any provision in the new bill (which is much regretted) for the admission on terms honourable to that body into the corporate privileges of either of the Colleges of Physicians and Surgeons, it would greatly tend to the welfare, respectability, and usefulness of the profession, to unite the general practitioners into a separate College or Body Corporate, with power to manage their own affairs upon the representative principle."

Moved by Mr. Daniel, of Beaminster, and seconded by Mr. Panton, of Dorchester:—"That petitions to both Houses of Parliament, founded on these resolutions, be prepared and entrusted for presentation, that to the House of Lords to the Right Hon. the Earl of

Shaftesbury; that to the House of Commons to Lord Ashley, as the senior member for the county; and that the other members for the county and the boroughs of Dorsetshire be requested to support the prayer of the same."

Moved by Mr. Spooner, of Blandford, and seconded by Mr. Reeks, of Piddletown:—"That a committee be formed for the purpose of forwarding the objects embodied in the above resolutions, and to communicate with Sir James Graham on the subject of the Medical Bill."

Moved by Mr. Gilbert, of Beaminster, and seconded by Mr. Gunn, of Bridport:—"That the thanks of this meeting be given to the Editors of *The Times* newspaper, *The Lancet*, *The Medical Times*, *The Medical Gazette*, and the *Provincial Medical and Surgical Journal*, with the Press generally, for their able advocacy of the principles embodied in the above resolutions."

Moved by Mr. Spooner, of Blandford, and seconded by Mr. Good, of Sturminster:—"That the thanks of the meeting be given to the Committee of the Dorset County Hospital for the use of the Committee Room; and also to the members of the profession in Dorchester and its immediate neighbourhood, for having convened such meeting."

J. JACKSON, Chairman.

The Chairman having vacated the chair, it was proposed by Mr. Curme, and seconded by Dr. Lees:—"That the thanks of the meeting be given to the Chairman for his able and impartial conduct in the chair."

ALFRED EMSON, Secretary.

MALTON MEETING.

A meeting of the Medical Profession of Malton and the neighbouring towns, convened by circular, was held at Malton, on Friday, November 22nd, to take into consideration Sir James Graham's "Bill for the better Regulation of the Medical Profession." Mr. Copertwaine in the chair. The following resolutions and memorial were unanimously agreed to:—

Moved by Dr. Borton, and seconded by Mr. Teesdale:—"That this meeting, deeply lamenting the present disorganized and anomalous state of the Medical Profession, hails with pleasure the introduction into Parliament of a bill by Sir James Graham, for "the better Regulation of Medical Practice throughout the United Kingdom."

Moved by Dr. Wright, and seconded by Dr. Wood:—"That this meeting highly approves of the establishment of a central Council of Health and Medical Education, yet regrets that its constitution is so exclusive, particularly as regards by far the most numerous class of medical men—viz., the general practitioners."

Moved by Mr. Colley, and seconded by Mr. Jones:—"That this meeting highly approves of the provisions of the bill, for securing the general registration of the members of the profession, and the right of any registered member to practice in any part of the United Kingdom by simply registering there, is regarded as a just measure, yet it is deemed inexpedient to charge another fee for admission into such other College or Register."

Moved by Mr. Bartliff, and seconded by Mr.

Mennell:—"That the bill, whilst it seems to regret quackery as an evil, and provides a penalty against the assumption of any medical title, and effectually protects the army, navy, the hospitals, and the poor, against the unlicensed practitioner, yet leaves the public exposed to the full tide of quackery, by abrogating the protection already afforded by the Apothecaries' Act, without instituting any adequate means of protecting the credulous against the open and ignorant quack, or the dealer in secret specifics. This meeting is therefore of opinion, that a summary and less expensive mode of conviction is necessary to protect the public and the profession from the evil of quackery, and that all secret remedies should be placed under the same regulations as patented inventions."

Moved by Mr. Dewland, and seconded by Mr. Atkinson:—"That the following memorial, founded on the above resolutions be adopted by this meeting, and signed by the chairman, and transmitted to the Right Hon. Sir James Graham, Secretary of State for the Home Department; and that petitions to the same effect be also presented to both Houses of Parliament, when the Bill comes on for discussion:"

"To the Right Honourable Sir James Graham, Bart., Her Majesty's principal Secretary of State for the Home Department.

"This Memorial, adopted at a General Meeting of the Medical Profession of the Borough of Malton, and the neighbouring towns, held at the Savings Bank, Malton, on the 22nd day of November, 1844.

"Sheweth—

"That your Memorialists, deeply lamenting the present disorganized and anomalous state of the Medical Profession, hail with pleasure the introduction of a bill for the better regulation of medical practice throughout the United Kingdom, and are thankful that ample time has been given for the mature consideration of the several provisions of this bill, so fraught with important results both to the interests of the public and the profession.

"That your memorialists regard the establishment of a Central Council of Health and Medical Education as an exceedingly valuable measure, as tending to raise the profession in respectability, by promoting greater uniformity of education and higher qualifications of its members, and as a medium of communication between the Government and the Profession; but they regret to find the constitution of that body so exclusive, particularly as regards the total want of representation of that important and very numerous class of the profession residing in the provinces, the general practitioners.

"That the proposed registration of the members of the profession will be a great improvement upon the imperfect system which now exists, and that the right of any qualified and registered member to practise in any part of the United Kingdom, by simply registering there, they regard as a just provision: yet, as no further examination is required by the bill in the event of a removal from one part of the kingdom to another, and as the curricula of education and the fees are to be made, as nearly as possible, uniform in the three kingdoms, a member once admitted ought to be placed upon the register, and admitted into the respective colleges without the payment of any further fee."

"That the bill, whilst it seems to regard quackery as

an evil, providing a penalty against the assumption of any medical title, and effectually protecting the army, navy, the hospitals, and the poor, against unlicensed practitioners, leaves the public exposed to the full tide of quackery, by abrogating the protection already afforded by the Apothecaries' Act, without instituting any adequate means of protecting the credulous against the open and ignorant quack, or the dealer in secret specifics.

"Your Memorialists, therefore, beg to express their humble opinion that some summary and less expensive mode of conviction is required to protect the public and the profession from the evil of quackery; and that all secret remedies be placed under the same regulation as patented inventions."

Signed, in behalf of the Meeting, by the Chairman.

"Moved by Mr. Wilcox, and seconded by Dr. Rogers:—"That a copy of the above Memorial be sent to each of the Members of the Borough of Malton, with a request that they will be pleased to support the objects of this meeting."

Moved by Mr. Atkinson, and seconded by Dr. Borton:—"That a report of the proceedings of this meeting be sent to the Medical Times, The Lancet, and Provincial Medical and Surgical Journal."

SCROFULOUS LUPUS.

M. Gibert, physician to the Hôpital Saint Louis, recently brought before the Academy of Medicine, at Paris, a remarkable case of lupus of the face, of a scrofulous nature, which he had cured in a young girl 20 years of age. The face had been consumed by tuberculo-crustaceous and spreading ulcers, and the entire fleshy and cartilaginous part of the nose had been destroyed by the progress of the disease, so that this organ was reduced to its osseous root or base. It was in a case of this kind that the rhinoplastic operation was first tried in France, by Professor Delpech, of Montpellier. M. Gibert saw a patient who submitted to it in 1816, but in whom, unfortunately, the eating tubercles afterwards reappeared on the newly-formed nose.*

The patient now restored by M. Gibert, is the only example with which he is acquainted, of a cure obtained under such severe circumstances; in fact, besides the cutaneous malady, there were two scrofulous abscesses in the neck, caries of the right malar bone, a white articular swelling of the right wrist, which caused a partial luxation, with imperfect ankylosis. All these severe lesions are now cured, and the face presents white and healthy cicatrices. Many methods of treatment were tried during the long period which elapsed since the first appearance of the evil. Iodine internally, and externally failed. M. Gibert's syrup of the deuto-iodide of iron produced such advantageous effects that a cure was almost effected; but the improvement was only temporary. Cauterisations with the acid nitrate of mercury were equally unsuccessful. Lastly, recourse was had to cod-liver oil, internally and externally; by degrees the disease appeared again to ameliorate, and the treatment, perseveringly continued

* This case is related in M. Gibert's able work on the "Diseases of the Skin," a translation of which, by Mr. Edgar Sheppard, is now in the press, and will shortly be published.

for more than twelve months, effected a perfect cure.

This remedy is thought by some of the German physicians to be a specific for scrofula; it has failed many times in M. Gibert's hands, but in the present case it proved eminently successful.

How much patience and perseverance are necessary in the treatment of this scrofulous form of lupus.—*Gazette Médicale de Paris*.

COMPARISON BETWEEN A NEW VACCINE VIRUS AND THAT OF 1836.

M. Fiard has communicated to the Academy of Sciences, Paris, the result of experiments which he has made, in order to establish the differential characters of the development, march, and duration of the vaccine matter recently discovered by M. Magendie and himself, compared with that of 1836.

In one *arrondissement*, he inoculated 351 persons with it. It appears to be more active than the old, and to possess a greater facility of transmission in man. From these experiments M. Fiard is of opinion that it is not, as has hitherto been thought, the greater or lesser development of the vaccine pustules on the eighth or ninth day, which essentially demonstrates the degeneration of the virus, but the regular and continued progress, and especially the duration of the eruption, which indicates the various degrees of this degeneration. It is more particularly, as in small-pox, the shortening of the regular period of the eruption, which denotes the attenuation of, or decrease of efficacy in, the virus collected from the cow, and artificially transferred and kept up in the human subject.

Tables containing the comparative facts with regard to the development, march, and duration of the new vaccine lymph of 1844, and that of 1836, in the same child, show that till the eighth day there is no difference, but on the ninth day the desiccation of the old pustules commences, and is complete on the thirteenth or fourteenth day. The progress and development of the new, on the contrary, is slower, and desiccation is not complete till the sixteenth or seventeenth day, thus showing a difference of from three to four days.

Jenner's vaccine lymph, after thirty-nine years transmission from man to man, compared in 1836 to the lymph of that period, dried upon the twelfth day; while that of 1836, like that of 1844, did not complete its desiccation till the seventeenth day. That of 1836, in the present day, after eight years sojourn in the human subject, compared to that of 1844, which does not dry up till the seventeenth day, desiccates on the thirteenth or fourteenth day, the eruptive duration thus losing three or four days.—*Gazette Médicale de Paris*.

FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.

In addition to the gentlemen whose names we gave last week, the following are stated to have passed the examination for the Fellowship:—Mr. E. Enfield Barron, of London; Mr. Boil, of Arundel; Mr. Cheeseman, of Sheffield; Mr. Cotton, of Lyme; Mr. Ellison, of Chester; Mr. R. Martin of Holbrook; Mr. Rix, of St. Neots; Mr. Roberts, of London; Mr. Smith, of London; Mr. Ward, of Huntingdon. No official list has as yet been published.

UNIVERSITY OF LONDON.

DOCTORS OF MEDICINE.—EXAMINATION FOR HONOURS.

MEDICINE.

Edward Ballard, (Gold medal,)* University College; Frederick Robert Manson, King's College; William Augustus Raper, University College; Joseph Hallett Browne, Guy's Hospital.

MIDWIFERY.

Frederick Robert Manson, King's College.

* To Dr. Ballard was also awarded a certificate of special proficiency in medicine.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates of the Apothecaries' Company, Dec., 5, 1844:—R. Q. Wallace, Dublin; Henry Douglas, Grantham; J. G. Grylls, Cornwall; R. W. Sanneman, Hounslow; George Gardiner, Bristol; Robert Scott.

OBITUARY.

Dr. James Home, late Professor of the Practice of Medicine in the University of Edinburgh, from which he had retired a few years back.

At Cork, Dr. William Bullen.

BOOKS RECEIVED.

Urinary Deposits, their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., Assistant Physician to, and Lecturer on Materia Medica at, Guy's Hospital, &c. &c. London: Churchill. 1844. Post 8vo., pp. 323.

Researches and Observations on the Causes of Scrofulous Diseases. By J. G. Lugol, Physician to the Hospital of St. Louis, &c. Translated from the French, with an Introduction, and an Essay on the Treatment of the Principal Varieties of Scrofula. By W. Harcourt Ranking, M.D., Cantab, Physician to the Suffolk General Hospital. London: Churchill, 1844. 8vo. pp. 306.

A Practical Treatise on the Diseases peculiar to Women, illustrated by Cases, derived from Hospital and Private Practice. By Samuel Ashwell, M.D., Obstetric Physician and Lecturer to Guy's Hospital, &c. Part III. London: Highley. 1844. 8vo. pp. 296.

The Medical Remembrancer, or Book of Emergencies; in which are concisely pointed out the Immediate Remedies to be adopted in the first moments of Danger from Poisoning, Drowning, Apoplexy, Burns, and other Accidents, &c. By Edward B. L. Shaw, M.R.C.S., and L.A.S. One of the Surgeons of the Royal Humane Society. Second Edition. London: Churchill, 1845. pp., 108.

TO CORRESPONDENTS.

Communications have been received from Medicus; the Birmingham; Pathological Society, the Sheffield Medical Society, and Dr W. H. Cullen.

The report to which Mr. Pittock alludes, is withheld for the present to give time for further consideration by the committee.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON GALVANISM APPLIED TO THE TREATMENT OF UTERINE HÆMORRHAGE.

A Lecture delivered to the Medical Profession, at the Manchester and Salford Lying-in Hospital, on the 10th of December, 1844.

By THOS. RADFORD, M.D.,
Consulting Physician to the Hospital.

GENTLEMEN,—Of all the accidents which occur in obstetric science, there are none which are more important and more serious than uterine hæmorrhage, and none which require on the part of the practitioner, more promptitude and decision.

Uterine hæmorrhage is usually divided into that which takes place in the early months, and that which takes place in the latter months of gestation. The latter class is again subdivided into what are called accidental hæmorrhages, unavoidable hæmorrhages, and the after hæmorrhages. Accidental hæmorrhages are those which arise from accidental causes; unavoidable hæmorrhages are those which arise from a particular location of the placenta in the immediate neighbourhood of the os uteri; and the after hæmorrhages are those which take place after the delivery of the child, and they may occur either before or after the expulsion of the placenta. You will be also aware that there are a number of other uterine hæmorrhages which are unconnected with gravidity; but it is my object in this evening's lecture more particularly to dwell upon those discharges of blood which are connected with pregnancy in the latter months, and with labour. It is not my intention on the present occasion to enter into a full consideration of the subject, but more particularly to confine my remarks to that condition which is the result of profuse and long-continued bleeding, viz., exhaustion, a state highly interesting to the obstetrician, and which seems to me to require more than the recognized means for its management.

Now, we know that exhaustion may arise in all the varieties of hæmorrhage; but we find that it is more especially produced by those impetuous and large discharges of blood which take place before, during, and after labour.

With regard to those cases of flooding, before and during labour, which have proceeded to a state

of exhaustion, it has been the custom of many obstetrical writers to recommend the practice of delivery. Others have discountenanced delivery in this particular condition; and of course, where the principles of practice are unsettled in a case so important, it is very desirable that we should endeavour to discover some new method of treatment which shall place the question beyond dispute. Although such high authorities as Burns and Hamilton advocate delivery in these cases, it has always been my practice to recommend non-delivery; and if we were to analyze the cases that have been published in the reports of hospital and private practice, and those that have accidentally come to our knowledge, we should be startled at the immense loss of life arising from these extreme cases of hæmorrhage, where delivery has been adopted.

Now, I regret to say, I believe that the great ruling influence upon the mind of practitioners, in determining them to deliver at all hazards in these cases, is the dread of popular opinion. It is usually stated that no woman ought to die undelivered; and wherever a woman does die undelivered, it produces a very considerable sensation, both in the neighbourhood and in the mind of every party who may come to a knowledge of the circumstances. On this account a practitioner dreads the procrastination of delivery, lest death should occur before it can be accomplished, and his character be consequently involved in censure. Now, it appears to me, that when a practitioner is thus placed, he ought to possess sufficient moral courage to resist the pressure of popular opinion, and be guided by a higher principle in the discharge of his duty; and I am convinced that if the matter is fairly and dispassionately considered, it will be found that there is a great advantage in not delivering in these cases of exhaustion.

And first, with regard to the child, it is stated by the advocates for delivery, that there is the greater probability of its being saved by the immediate adoption of this operation, than by its delay. But if you will take the pains to investigate the reports that have been published, as well as to examine into the results of the practice of private individuals, it will be found that the child is nearly always dead in these extreme cases. Therefore this consideration ought not to have much weight

with us in deciding upon the principle of practice. And if you will reflect upon the causes which give rise to hæmorrhage, more especially in placenta prævia, you will find sufficient reasons for understanding why the child should be generally dead. In the accidental species of hæmorrhage, if the cause has been such as not only to lead to a separation of the placenta, but to something like a disruption or a wounded state of that organ, the death of the child is nearly inevitable; and in the unavoidable species, from the particular location of the placenta, if you recollect what must be the influence of labour upon the placenta itself, not only in producing detachment and a separation of its connection with the sides of the os uteri, but also the mechanical influence applied by the child's head coming upon it, you must see that in this case there is generally more or less of a disruption and breaking up of its structure; and consequently the child dies from bleeding from its own particular system.

If we go into enquiries as to the influence of the death of the child upon the hæmorrhage, we must look upon it as being rather an advantage to the mother, because it takes off a certain demand upon her blood, or lessens what Hunter calls "the stimulus of necessity," and therefore makes such a change in the balance of her circulation, as would be a means of checking, rather than increasing, the discharge.

We will now proceed to consider the question as regards the life of the mother; and when we are contemplating a subject of this kind, a woman placed under extreme circumstances of inanition or exhaustion, we ought not to ask, "Ought a woman to be delivered?" but, "*Can* a woman be delivered *safely*." That is the question we ought to endeavour to settle in our minds before we proceed to the operation. If we have a woman already in a state of exhaustion from large evacuations of blood, we must be certain that a plan of treatment which, in any way, produces an unfavourable change upon the nervous and circulatory systems, must add to the evils already existing. We have here sufficient prostration; and the mere emptying of the uterus will most inevitably increase it. Every surgeon is aware of the influence that is produced by the operation of tapping in cases of ascites in men, strong in comparison with some of these poor women, reduced as they are by the loss of so large a quantity of blood. Syncope, nay, even death, is sometimes the result of the abstraction of the ascitic fluid. We know, also, in some cases, and especially where there is a particularly exalted state of the nervous system, or some particular idiosyncrasy, that simple evacuation of the uterus, by the natural efforts, will produce death! This very change, then, has, in itself, a very unfavourable influence upon a woman thus prostrated. But, besides this, we must bear in mind that there must necessarily be a great demand upon their powers by the stimulus of forcible delivery.

There are a number of other circumstances which ought to be taken into account, as regards delivery. And one of the most important of these is the physical or structural impediment that may arise from a rigid os uteri. And when we come to the bedside of a patient, (I am sure every gentleman who has had much practical experience, will bear me out in this statement,) we shall find that some of those dogmas which are laid down in books are wholly untrue. I now refer particularly to that assertion of certain writers, who say, that by the evacuation of blood, the soft parts become so weakened and dilatable, that delivery can always be accomplished. This I most positively deny. And therefore I say that there are conditions of this kind which will be an obstacle to delivery.

The os uteri will continue *undilatable*, although the woman may be in such a state of exhaustion as to be literally tottering on the brink of the grave! It is true that this state of matters does not generally exist, but it is too frequent to be overlooked in determining our line of practice.

Again, you must be all aware, gentlemen, that hæmorrhages take place, and produce this state of exhaustion, before the woman has progressed to that period of pregnancy that would justify a practitioner in having recourse to forcible delivery; and this is a point not sufficiently dwelt upon by obstetrical writers. In proportion to the early occurrence of hæmorrhage, so will be the obstacles to delivery, as regards the introduction of the hand into the uterus. And when we are considering the chances of delivery, and taking into account the dilatable state of the cervix and os uteri, we should never forget the length of the former as regards the particular period of pregnancy. And not only is this to be taken into account, but there is another circumstance which must not be overlooked, viz., the degree of subsidence of the uterus into the pelvis; for according as the uterus remains high in the pelvis, so we may be certain that the difficulties of delivery will be proportionate.

In all uterine hæmorrhages, connected with pregnancy, there are certain attendant circumstances, viz., separation of the placenta, with or without disruption of its structure; exposure of the large orifices connected with the uterine sinuses, rupture of the decidual vessels and atony of the uterus, which is either primary or secondary. The natural means for suppressing the discharge are the formation of coagula, and the contraction of the uterus. As to the adhesion of the placenta, when once separated, or the cicatrization of this organ when disrupted, the practitioner can place no reliance on them in checking the flooding.

With respect to the coagulation of the blood, it may become influential in arresting slight discharges, but never ought to be depended upon in those profuse hæmorrhages which we are now more particularly considering. The coagula which form in the vagina, and which are stated to be so import-

ant in the suppression of the bleeding, may become, indirectly, an evil instead of an advantage, by deterring the practitioner from making a proper investigation of the case, under the idea that "the disturbance of these coagula is death." In my opinion, the coagula which are more particularly to be depended upon, are those in the immediate neighbourhood of the venous orifices that have been exposed, and I repeat that these are of no avail in the more serious cases; and therefore, we must solely trust for the suppression of these large discharges of blood to that most important agent, contraction of the uterus.

The ordinary means of producing uterine contraction are so well known that I need merely refer to them before the present audience. We have the bandage, friction applied briskly over the uterus, grasping pressure, *secale cornutum*, the application of cold, and in the after hæmorrhages the introduction of the hand into the uterine cavity. But all these means may fail in producing this desirable change, and will fail and do fail in the extreme cases.

A fatal case having recently occurred in this town, which produced a considerable sensation at the time, where delivery was adopted, contrary to the principles which I had always publicly inculcated in my lectures, I was led to investigate the arguments of those who advocate that practice, more closely than I had perhaps ever before done; and it struck me that we were deficient in a means on which we might always depend for inducing uterine contraction, and so placing the woman in such a state of safety that the operation of delivery might be deferred. Whilst my mind was so much occupied upon this subject, I was consulted by my friend Dr. Goodwin, in a case of protracted labour, where the long forceps were required. The lady recovered well, with the exception of not being able to pass her urine. We administered all the usual remedies for a fortnight or more, using the catheter twice, sometimes three times a day, but without the least amendment. Upon Dr. Goodwin's suggestion, we decided upon the application of galvanism, which was undertaken by him, and the result was most gratifying, for the first application proved permanently successful. The decided efficacy of this plan in restoring the energy of the bladder, immediately led me to conclude that it was the very agent that I have already stated was a desideratum to ensure uterine contraction in cases of severe flooding, attended with exhaustion. We have here a woman reduced by loss of blood, with an atonic state of the uterus, either primary or as the result of the discharge. Now, as the advocates of delivery (*Vide Burns and Hamilton*) say that this proceeding gives the woman the only chance of living, because, so long as the uterus remains distended by its contents, and its parietes atonic, those large venous orifices which have been exposed by the separation of the placenta, are so situated that the chances of further effusion of blood exist, it occurred to me that the

application of galvanism would so effectually act upon the uterine tissue as to induce firm contraction of its fibres, and thereby at once lessen those large openings, and bring the walls of the uterus into firm apposition with the body of the child, so as to entirely close them. This great object having been attained, we might safely procrastinate the delivery, and adopt such means as would tend to raise the vital powers of our patient, such as the administration of opium, stimulants, and support; and the performance of the important operation of transfusion. With the uterus in this favourable condition, our restorative means, and particularly transfusion, would be far more likely to be attended with successful results than if the organ were distended and atonic; for in this case, the blood which is introduced into the system, either directly by transfusion, or indirectly by nourishment, produces no permanent benefit, because it is rapidly discharged again. Analogy further led me to believe that my conjectures would not prove unfounded, for galvanism is particularly impressive in its influence upon the muscles of recently killed animals, and we know how strictly allied in action, if not in structure, the uterus is to muscle.

I mentioned my views to a number of medical friends who generally much approved of them; and I was soon enabled practically to prove their correctness, by being called in consultation to a case of frightful internal hæmorrhage during labour, attended with extreme exhaustion, and where the os uteri was so rigid that the advocates of delivery could not possibly have carried their views into practice, without lacerating the os and cervix uteri. By this case I ascertained that galvanism produces an effective and powerful contraction of the uterus; and not only so, as regards its tonic contraction, but it has also the power of energetically exciting alternate contraction when applied at intervals. I can tell you most seriously and most solemnly, that it produces these two important changes upon the uterus in such a degree as in my previous reflections on the subject I had no conception of. The alternate contraction excited by this agent is analogous to, and as powerful as, that which is observed in normal labour, and the tonic contraction is greater. I shall not relate cases in detail, because it would occupy too much time; but I may state that I applied galvanism in a case where the membranes were unruptured, and the uterus in a state of great inertia, and alternate contraction was immediately produced. Before this the membranes were very flaccid; but as soon as the galvanic circle was completed, they became extremely tense and protruded low down into the vagina; and this state of tension did not subside when the alternate contraction ceased, as is observed in some degree in normal labour; for although the galvanic conductors were removed, so great a degree of tonic contraction of the uterus had been induced that this membranous bag could not collapse.

I am thus satisfied that by the application of this means, we can induce such a state of tonic contraction in the uterus, that, in these extreme cases of exhaustion from hæmorrhage, the woman may be placed in such a state of safety, that delivery may be postponed until a time arrives when it can be safely accomplished, and in the meantime we can have recourse to those measures which tend to raise the vital powers.

I think it probable that it may also produce one of the other natural means of suppressing hæmorrhage which I have already referred to, viz., coagulation of the blood; but this I have not yet positively ascertained by experiment, although I am led to conclude that such is the fact from some remarks made by Dr. Apjohn, in the article, Galvanism, in the *Cyclopædia of Practical Medicine*.

In my previous remarks, gentlemen, I must be understood to refer to those cases of hæmorrhage, where the placenta is not placed over or near the os uteri; but I shall now proceed to speak of those cases in which uterine contraction has a tendency to increase the discharge, cases which are usually described as belonging to the class, unavoidable hæmorrhage. In these cases, where the peculiar location of the placenta deprives us of the benefits that usually accrue from uterine contraction, and as it is the special influence of galvanism to produce this effect, it ought to be the object of the obstetrician so to modify his practice, as to place them within the range of this remedy. Before entering upon a description of the plan which I would recommend to be adopted in these cases, I shall first direct your attention to the practice of the older writers, and secondly refer to the mode in which nature sometimes terminates them when left to herself. In looking over the authorities from about 1612 to 1790, we find that they vary in their practice. Some recommend the removal of the placenta before the child; others advise the same course conditionally, that is, providing it is offering itself very largely or decidedly to the finger of the attendant; others again say that where it cannot be pushed back, it should be brought away before the child. It must be understood that many of these writers had not a correct knowledge of the true anatomical condition of parts in cases of placenta prævia, and I do not think it requisite to enumerate their names, as it would be occupying too much of your valuable time. You will find that in some of these cases, where the placenta was brought away before the child, according to the statement of these writers, the latter was even born alive, and in most of them the hæmorrhage was suppressed. And whilst on this subject, I may call your attention to a few cases of more recent occurrence, where this practice has been adopted. It happened to me in 1819 to have a case of placental presentation, where I detached the placenta, because it was hanging down so low into the vagina, that there was no chance of doing

anything else; the hæmorrhage was immediately suppressed, and the child expelled by the natural efforts. I am also indebted to my friend Mr. Jesse, who is present, for the details of a case in which he detached the placenta, and in which the hæmorrhage thereupon subsided. It was the practice of the late Mr. Kinder Wood, of this hospital, in many of these cases, to detach and bring away the placenta, and afterwards to leave them to the operation of nature, or to extract the child by the feet, as the case demanded. A case also occurred to Mr. Wilson, of this town, who kindly related the circumstances to me; the placenta had been rudely brought away by the attendant, and Mr. Wilson found the patient in a state of exhaustion, with the child still in utero. He extracted the child a considerable time after the removal of the placenta. It has occurred to me in my hospital practice, to find that the placenta had been brought down in mistake by the midwives in these cases, and this without causing an increase of the flooding.

Smellie mentions cases in which the placenta was brought away, and where the hæmorrhage subsided. In Dr. Collins' Reports of the Dublin Lying-in Hospital, there is a case in which the placenta was brought away by the midwife the evening before the admission of the patient into the hospital, and the hæmorrhage was thereby suppressed. Baudelocque relates a somewhat similar case. And now let us consider the method in which nature sometimes terminates labours where there exists placenta prævia; and for this purpose I have, without any great pains, collected 36 cases, illustrative of her powers, in separating and expelling the placenta before the child.

Giffard mentions one case; Perfect, one case; Smellie, four cases; Chapman, one case; Rambotham, sen., six cases; Merriman, one case; Hamilton, two cases; Collins, one case; Barlow, one case; Dr. Robert Lee, two cases; Gower, one case; Millington, one case; Bailey, one case; Wood, three cases; Lowe, one case; Hunt, one case; Wm. Lowe, three cases; Dorrington, two cases; and I have met with three cases of the same nature myself. Besides these, Mr. Jesse has related to me a case of placenta prævia where the entire ovum was expelled; Mr. James Kenworthy, a similar case; and the late Dr. Rigby has published a case also. Now, the bulk of these cases, gentlemen, have been detailed without any specific practical object, and consequently are more valuable to my present purpose than if they had occurred to myself, and had been brought forward to serve my own particular views. You may refer to many of them yourselves; and you will find in nearly all of them that the hæmorrhage was suppressed immediately after the placenta was thrown off.

These cases, then, and the practice already referred to, as adopted by the older writers, and several modern obstetricians, appear to me to furnish data of a most important character, where-

upon a practice, adapted to cases of exhaustion from unavoidable hæmorrhage, may be based, in order to bring them within the sphere of the application of galvanism. And before entering upon the description of my proposed plan of managing these cases, I beg to remind you that it is an established fact, that partial separation of the placenta, whether in simple or complicated retention of that organ after labour, or in placenta prævia, is attended with far more profuse bleeding than total separation.

In the earlier part of the lecture, I stated that one means of adding to the exhaustion already existing, is the evacuation of the uterus, whether that evacuation be partial or entire; therefore I consider that in these cases of placental presentation, it would be a decidedly important point of practice to draw off the liquor amnii *gradually*, as the first step in the management of the case. For this purpose I have somewhat modified Mr. Holmes' instrument for perforating the membranes, making the canula much larger, and having an oval aperture placed on each side near its open extremity. The entire instrument consists of a canula and trocar, which latter always lies concealed within the canula, by means of a spiral spring, except when pushed out by pressure on its button-like extremity. This trocar can be entirely withdrawn from the canula; so as to leave the latter free for the passage of fluid. Now I propose to pass this instrument through the placenta into the amniotic bag, and then remove the trocar, so that the liquor amnii may escape, a plan which I prefer to rupturing the membranes at the side of the placenta, because the water in the latter case would flow too rapidly, on account of the practitioner not being able to limit the size of the opening he might make; and also because by the plan now recommended, the integrity of the membranes being preserved, the placenta is thereby maintained in a better position for acting as a tampon against the open venous apertures when the head comes to press upon it.

In rupturing the membranes in the ordinary method, it is quite obvious that as the connection between the membranes and placenta is broken, the latter is liable to fall down more or less into the vagina. Having thus drawn off the liquor amnii, the next step will be to introduce the hand into the vagina, then to pass the fingers to the edge of the placenta, and carrying them on between it and the os uteri, to sweep the hand round its whole circumference, so as completely to detach the placental mass, care being taken to avoid rupturing the membranes. We have now brought the case into such a state as to be within the influence of galvanism; for although this practice of detaching the placenta may be a means of suppressing the bleeding, yet it will not restore the depressed powers of the woman; and on that account we still require an agent to induce such a degree of uterine contraction as will secure her from all chances of further hæmorrhage,

while we have recourse to such measures as will tend to support her strength.

In order, then, to ensure uterine contraction, we must have recourse to galvanism, and the subsequent management of the case must be conducted on ordinary principles, such as supporting the woman by stimulants, nutritious articles of diet, and transfusion. The delivery should be deferred until the powers of the patient are so far rallied as to justify its being undertaken, however long the interval may be; and that mode adopted which makes the least demand upon her constitutional powers. It may happen that a repetition of the galvanic shocks may, after a certain period, induce such uterine action as will expel the whole of the contents of the organ; and if this should not happen, it appears to me that it would be the best practice, to apply the long forceps, having previously removed the placenta, that is if the head presents. If any other part of the child presents, the case must be managed on ordinary principles.

The novelty of these views may produce an impression unfavourable to their proper estimation, but I hope, gentlemen, you will recollect that it has been my object to bring them before the profession in order that their correctness may be tested. I wish to benefit poor suffering women in their hour of danger, and to be candid in my communications to my professional brethren. In my own mind I am satisfied as to the influence of galvanism, and its power of producing uterine contraction. I am also convinced that it has no evil influence on the life of the child in utero, and after its birth that it is an important means of resuscitation in cases of asphyxia. Objections may be raised that we have not always the apparatus at hand. The answer to this objection is the same as that which refers to the application of all instrumental means. In my opinion, no gentleman who possesses the principles of a correct obstetrician, would carry his forceps, vectis, perforator, crotchet, or transfusion apparatus along with him. These things are to be sent for in emergencies only, and the same remark applies to the galvanic apparatus.

My remarks have hitherto been confined to the treatment of those cases of hæmorrhage that are attended with exhaustion before delivery, but there are other cases, to which galvanism is equally applicable. If we investigate the cases given by authors, we shall find that there are many cases of accidental hæmorrhage before delivery, where artificial rupture of the membranes has not succeeded in arresting the discharge, on which account several writers, Burns and Hamilton amongst them, advocate delivery in preference to this operation. Now, the artificial rupture of the membranes is recommended for adoption without reference to the condition of the os uteri; and it must be obvious, if this part is rigid and undilatable, and the flooding should continue although the membranes have been ruptured, that it would be

highly hazardous to introduce the hand and to deliver by force. In such a case galvanism would place the woman in a state of security, by exciting the contraction of the uterus. I also consider that this power would be useful in some of the hæmorrhages of the early months of pregnancy.

With regard to the after hæmorrhages, especially those attended by exhaustion, I consider it particularly applicable where atony of the uterus is the principle feature of the accident. In those cases which occur previous to the expulsion of the placenta, it would be the duty of the practitioner to assure himself that this mass was not morbidly adherent to the sides of the uterus.

In hour-glass contraction, and other forms of irregular uterine action after labour, I anticipate great benefit from its use. In these cases there is a loss of balance between the contractile power of different parts of the uterine fibre, one part being in a state of atony, whilst the other is in a state of firm contraction. Now, if the galvanic current be directed in the longitudinal axis of the organ, it strikes me that you might excite the longitudinal fibres to contraction, and thereby restore the balance.

There are several other topics not directly connected with the subject of this evening's lecture which I shall slightly notice, in reference to galvanism. I am satisfied from positive trial of the remedy, that it will be found a most important agent in tedious labour, depending upon want of power in the uterus, and where no mechanical obstacle exists. I would also suggest the probability of its proving valuable in originating uterine action *de novo*, in cases where it may be considered necessary to induce premature labour. It seems to me also to be worthy of trial in certain cases of menorrhagia in the ungravid state, where, on vaginal examination, the uterus is found to be atonic, as evidenced by its large flaccid condition, and the patulous state of the os uteri.

Having made this digression, it is proper that I should remark, in reference to cases of hæmorrhage, that I am not urging this plan of treatment upon the profession, with the view of superseding the ordinary means; but rather with the view of supplying a remedy in those extreme cases where these have failed. I do unhesitatingly say that the obstetrician has the power in most cases to controul uterine hæmorrhage, so as to prevent them ever reaching this extreme state of exhaustion. But, nevertheless, we do meet with this condition, frequently in a large hospital practice, and also in private consultation practice. A number of cases have come to my knowledge within a very few months, where death has resulted from this excessive exhaustion. I therefore say that we ought to have some more certain means than delivery to depend upon in these cases; for if this expedient is so important a means of saving life, how is it that it so often fails?

With regard to the mode of applying galvanism in these cases, I have used an electro-magnetic apparatus, contrived by Messrs. Abraham and Dancer, of this town, for medical and other purposes. It consists of a battery in a small jar, and a helix with conductors. For the sake of convenience the latter are connected with the helix by means of long wires, covered with an isolating material. The strength of the shock is regulated by a small contrivance situated on the stand of the helix, by means of which it can be either diminished or increased. One of the conductors, which is applied externally, has a hollow wooden handle, through which passes the wire before alluded to, in order to join a brass stem terminating at its extremity in a ball. The other conductor, which is contrived by myself, consists of a strong brass stem, seven inches long, curved to suit the vagina, and covered with a non-conducting material, having a small screw at its distal extremity for attaching to it a silvered ball; at its other extremity it is received within an ebony handle, which is hollow, and through which passes a strong brass wire, looped at the end, and connected with the long wires before alluded to. This wire is kept disconnected from the brass stem by means of a spiral spring concealed within the ebony handle. The loop is covered with silk, and is intended for the thumb of the operator, when he is bringing the wire into connection with the stem.

When the remedy is applied, the brass ball of the vaginal conductor is to be passed up to the os uteri, and moved about at intervals, on to various parts of this organ. At the same time the other conductor must be applied to the abdominal parietes over the fundus uteri. Shocks may be also passed transversely through the uterus by simultaneously applying the conductor on each side of the belly.

The application should be used at intervals, so as to approximate in its effects, as nearly as possible to the natural pains. It may be continued until it meets the exigencies of the case.

Before concluding the lecture, I wish to observe that it is stated that galvanism has been applied in labour before. When the idea first suggested itself to me, however, it was original to my mind, as I was quite unaware of its ever having been alluded to before. And I may say, with regard to its application in cases of hæmorrhage, and the modifications I have suggested in order to make it effectual in some of the varieties of that accident, that I believe I have been the first to employ it.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 590.)

INFLAMMATION—SUB-ACUTE.

The following laws, then, may be added to the preceding:—

7. When sensation only is arrested in the spinal nerves, without shock, the circulation of the parts to which the nerves are distributed is unchanged.

8. When sensation is thus arrested in the spinal nerves, the circulation remaining unchanged, a puncture fails to affect the capillary circulation.

9. When the motor power only is arrested in the spinal nerves, the circulation in the parts to which the nerves are distributed is affected by puncture in the same manner as in health. (VII.)

When the fact that an injury done to the sensitive nerves at their extremities acts in a centripetal direction, is considered in a proper light, it is clear, that the effect of such an injury on the capillaries cannot be viewed as its immediate consequence. The action of a puncture is conveyed along sensitive fibres in the direction of the spinal cord (ix. 7-8-9), and in its course can have no communication with blood-vessels. How then does it happen that a puncture, the primary influence of which is exerted upon sensitive fibres, should arrest, and, after a brief interval, restore the circulation, already arrested by shock, to the capillary tubes? A true theory of inflammation is impracticable while this question remains unanswered.

Before pretending to resolve this important point, the minute anatomy of sensitive nerves must be briefly reviewed, a task not to be performed satisfactorily without including a survey of the structure of each class of nerves.

In the first place, then, it has been discovered that grey or organic fibres enter into the composition of sensitive nerves; and it has furthermore been found that such organic fibres accompany them to their termination. The observation was made by Retzius in 1827, that "in the nervus trigeminus of the horse, and particularly in the second division of the nerve, there are distinct grey sympathetic fibres derived from the sphenopalatine ganglion, which form small grey ganglia within the nerve, and can be traced over the second division of the nervus trigeminus, and within it, as far as the nasal nerves and pituitary membrane." (Müller op. cit.) Again, the same authority says:—"Several new facts have been made known by M. Giltay, showing that organic fibres can be traced accompanying cerebral and spinal nerves as far as the organs to which they are distributed." And again, "Remak found a few grey fasciculi in most of the cerebro-spinal nerves which he examined."

These facts are sufficient to indicate the composite structure of nerves derived from sensitive roots. Many additional facts are cited by Müller in support of the principle.

As respects the structure of the sympathetic nerves, the facts known on the subject cannot be better stated than in Müller's words:—"Remak has by minute examination been able to distinguish, even externally, in many parts of the sympathetic nerve, grey and white fasciculi; and the microscope has in many instances revealed to him tubular fibres in the latter, and the

peculiar organic fibres in the former kind of fasciculi." (Op. cit.)

Minute anatomy then proves that the structure of cerebro-spinal and sympathetic nerves is analogous. The sensitive and motor in each kind are the white fasciculi, which consist of tubular fibres; the organic are the grey fasciculi, which consist of homogeneous fibres, much more minute than the former, and which also exist in both kinds of nerves.

The sensitive and motor fibres of the sympathetic are derived from the spinal cord. "The investigations," says Müller, "of myself, of Retzius, Mayer, and Wutzer, have established as correct the view which Wutzer had formerly taken, namely, that the sympathetic derives radicle fibres from both roots of the spinal nerves. Mayer has indeed traced these fibres in the roots of the nerves, as far as the spinal cord itself. The sympathetic, therefore, contains both motor and sensitive fibres." (Op. cit.)

Physiologists still suppose that sympathetic nerves accompany the blood-vessels throughout their course, but the proof that they reach the capillaries is wanting. The notion was originated long before modern research had determined the identity of composition which subsists in sympathetic and cerebro-spinal nerves. It is a remarkable oversight that such a notion should have survived the discovery of organic fibres in the latter, which are found wherever blood-vessels are present.

The preceding sketch of the structure of the nervous system would be incomplete without a knowledge of Mr. Grainger's important remarks on the connections of the spinal roots with the cord.

"After repeated examinations," says the author, "I satisfied myself that each root was connected both with the external fibrous part of the cord and the internal grey substance. The following is what appears to be the structure: after the two roots have perforated the theca vertebralis, and so reached the surface of the cord, it is well known that their fibres begin to separate from each other; of these fibres, some are lost in the white substance; whilst others, entering more deeply into the lateral furrows, are found to continue their course, nearly at a right angle with the spinal cord itself, as far as the grey substance in which they are lost." "From numerous observations," he adds, "I am induced to believe, that whenever the white fibres of the nervous system become connected with the grey substance, whether in the different masses of the brain, in the spinal cord, or in the ganglions, the arrangement is similar to what is seen in the section of the corpus striatum"—"the fibres become as it were encrusted with the grey matter." (*Observations on the Structure and Functions of the Spinal Cord.*)

From the numerous materials which are at hand on the intimate structure and relations of nerves, the facts have been quoted which appear to bear immediate application to the physiological study of disease. All the facts thus made use of have been examined and confirmed by competent judges. To return to the question for the elucidation of which this digression has been pursued—viz., how does it happen that a puncture, the primary influence of which is exerted upon sensitive nerves, should arrest, and, after a brief interval, restore the circulation already arrested by shock, to the capillary tubes?—a question which bears

with the utmost force upon the subject of inflammation. It has already been observed that the action of a puncture conveyed from the extremities of sensitive nerves in a centripetal direction, can have no communication in its course with blood-vessels. On what then depends the arrest and restoration of the capillary circulation in such a case?

No reasonable doubt can any longer be entertained that a nervous structure presides over the capillary functions; and high authorities entertain the opinion that this structure consists of the organic grey fibres. Müller, in 1834, suggests that "the ganglionic as well as the cerebro-spinal nerves, are compound in structure," and that the grey fibres "have the function of regulating the vegetative processes."

"I suggested," says he, "that they contain motor, sensitive, and organic fibres, of which the latter kind alone have the function of regulating the vegetative processes, and have a special relation to the ganglia; that the cerebro-spinal nerves are likewise composed of motor, sensitive, and organic fibres, of which those of each kind have their specific destination, and run their course together without uniting with the others." (*Op. cit.*)

Upon due consideration of all these facts; of the circumstance that the organic fibres are contained in the same neurilemma with the sensitive, without anastomosis; that they are blended together in the ganglia and in the spinal cord, where the white and grey matter are as it were fused into one structure; is it not highly probable that the principle of incidence and reflexion, adapted with such success to the explanation of numerous motor phenomena, is competent to explain the diversified phenomena attendant on capillary circulation? The facts, too, both anatomical and physiological, connected with secretion, which may be considered a part of the subject, admit of an easy explanation on this principle; facts remarkable for their extent and importance, and which hitherto have received no satisfactory solution. The subject, however, must be proceeded with in detail.

In all reflex actions of the nervous function, the tendency of facts is to demonstrate that grey nervous matter forms the centre of incidence and reflexion, whether in the ganglia, spinal cord, or brain. This certainly applies to the phenomena of capillary circulation, as well as of secretion in which those phenomena are developed to their full extent, and in a variety of forms. The sensitive filaments, which are the primary exciters of change in the capillary current, proceed uninterruptedly until they reach the ganglia at the posterior roots of the spinal nerves, at which point many of them are mingled with the grey matter. That the spinal ganglia are the centres of reflexion for the sensitive nerves which act as exciters of the capillaries, will be made to appear probable when the laws which determine this class of actions are developed, which they presently will be, under the head of secretion. All that need be here added, is, that one puncture at the same spot is capable of exciting three kinds of action—the first, on the brain, sensory; the second, on the spinal cord, excito-motory; and the third (probably), on the ganglia of the posterior spinal nerves (supposing these to be the seat of reflexion on the capillary vessels). It is evident, therefore, that every sentient point is the seat of various centripetal irradiations of

nervous action. And since a puncture in the centre of one web will affect the circulation of each interdigital web of the frog's foot, it is clear that a single nervous filament is competent to excite in the ganglion, or other centre to which it is attached, a reflex action upon the organic filaments proceeding from it to the foot generally.

NEWCASTLE-UPON-TYNE INFIRMARY.

Practice of Sir JOHN FIFE; reported by Mr. F. A. GIBB.

CASE OF TAPPING THE MEMBRANES OF THE BRAIN.

(Mentioned in a former Report.)

Dimensions of the head before operation:—Twenty-four inches in circumference; seventeen inches from ear to ear over the vertex; twelve inches each over the occiput and forehead from the ears. After operation:—Twenty-one inches in circumference; twelve inches from ear to ear over the vertex.

November 19th.—Sir John Fife perforated the membrane in the coronal suture, half way between the longitudinal sinus and the temporal bones; thirty-two ounces of limpid fluid passed rapidly through a small trocar. After the operation, the bones overlapped in an extraordinary manner, and the head was covered with adhesive straps.

November 20th.—After a good night, and the absence of any alarming symptom, the child was rather suddenly observed to breathe with difficulty; its pulse became rapid and countenance livid, and at eleven o'clock it expired.

LITHOTOMY.

John Murray, aged 12, had symptoms of stone in the bladder many years, but the stone was never detected till the 14th of November, when the boy was put under the care of Sir John Fife.

On the 19th of November, Sir John Fife, after the introduction of the grooved staff, made the semicircular incision from ischium to ischium, convex towards the scrotum, and concave towards the anus, nine inches and three-quarters above it. He then passed the front of the knife into the staff, and gently pressed it forward into the bladder; the forefinger being introduced, discovered so large a stone that the incision in the neck of the bladder was enlarged on the left side, and afterwards on the right, by a probe-pointed bistoury, when it became evident that the stone adhered to the coats of the bladder by an extensive surface, and much difficulty and delay were experienced in grasping and extracting it.

The stone weighed ten drachms, and is about two inches long and one inch and a half broad, and nearly the same in thickness. After the operation, fifteen drops of sedative solution of opium were given. On an extensive surface of the stone, and where it was rough and spiculated, the membranous structure forming the adhesions was curiously demonstrated.

November 20th.—No pain; much drowsiness; urine nearly suppressed, small quantities passing through the elastic-gum tube in the wound. No evacuation from the bowels. Pulse rapid. Ordered three drachms of castor oil.

Evening.—No evacuation; drowsiness increased.

OPINIONS ON THE MEDICAL BILL.

Five grains of calomel immediately; one ounce of decoction of aloes every second or third hour.

21st.—Pulse small and rapid; less drowsiness; no tension nor tenderness of abdomen; tube withdrawn; bowels have acted freely.

22nd. Worse; passed some urine last night, is insensible now, and unable to stir himself.

23rd. Has been partly sensible, and asked for things; was much better after the poultice; has had two glasses of wine since yesterday; wants some beer to drink, for he is thirsty; is sleeping, and can scarcely be got to answer questions. Pulse above 160; complains more, and rarely speaks; gill of ale for drink.

24th. Much better; pulse 126, and distinct; has asked for some things during the night; has not been vomiting since yesterday, when he brought up some dark matter like thin extract of belladonna; he has passed much of this by stool; has made a pretty fair quantity of urine; is still half comatose.

25th. The same; has been crying out all night, and has had no rest.

26th. Dying; pulse scarcely perceptible; has had no rest during the night, but has been in an insensible state; urine pretty free; no distention of abdomen; died at eleven, a.m. No examination allowed.

After the operation, Sir J. F. Fife delivered a clinical lecture, in which he repeated his former arguments in favour of his peculiar mode, lately adopted, of performing the first steps of lithotomy; but he admitted that in this, the third trial, as in each of the former, there had been more than usual difficulty in grasping the stone, and although in the first of the three the calculus had also been attached to the coats of the bladder, it appeared that the incision in the prostate did not afford the same room to the forceps as when made more downwards; the common lateral operation, therefore, as performed by Liston, might be better adapted to large calculi.

LITHOTOMY.

John Henderson, aged 5, from Shields, brought up to Newcastle-on-Tyne; suffering from retention of urine, and in great agony; catheter passed; stone felt.

November 17th. Sir John Fife performed lithotomy as in the preceding case, and extracted a calculus about the size of a horse-bean; an elastic-gum tube was introduced through the wound, and retained in the bladder. A small opiate given.

During the operation there were not more than three drachms of blood lost.

19th. No symptoms of indisposition.

22nd. Convalescent.

25th. Urine passed by urethra; wound healed.

PROVINCIAL

Medical & Surgical Journal.

TUESDAY, DECEMBER 24, 1844.

In the turn which the discussions on the Medical Bill have recently taken there is much matter for serious reflection. After the close and repeated examination which the measure has undergone as a whole, and the searching scrutiny which most of

its important clauses have severally experienced, it would seem impossible that anything further, worthy of attention, could be elicited. Every man, however, views objects as they are presented to him, after his own fashion, and his consciousness of them partakes at least as much of the peculiar tone of his own mind as of the qualities of the objects themselves. To apply this remark to the subject before us, we have only to notice the manner in which the Bill has been regarded by the parties who have expressed their opinions upon it, and without looking too curiously into those of individuals, we shall, perhaps, best attain our object by observing the impression made on sundry public bodies and public characters.

Our friends in the far north and across the channel are among those who would seem disposed to view the measure almost entirely *couleur de rose*. They have seen sundry manifest advantages in it which specially affect themselves, have at the same time but a dim perception of its short-comings, in reference to evils, of the working of which they have little personal experience; and accordingly, having their mental optics, we will not say clouded, but tinged by the party-coloured spectacles through which they alike regard the measure, and the circumstances which it is required to meet, are, while sufficiently alive to its merits, in a happy state of unconsciousness as to its manifold errors.

Our metropolitan brethren, on the other hand, have long been labouring in their onward way, in fulfilment of their professional calling, with the drag-chain of sundry exclusive and corporate and local privileges about their heels, and oppressed with these in various degrees, according as they are wearied with the restraint, or by long usage have become insensible of their presence, on the one hand bewail the removal of certain of these privileges, or are disposed to struggle for or against the acquisition of others.

In the provincial districts again, and especially in those remote from the metropolis, there is little experience of the evils of corporate and local privileges, but an acute sense of want of protection, and of the pressure of an extra-professional tyranny, which has inflicted the intolerable burden of a wounded spirit on every medical practitioner who has come within its influence, and called forth the sympathy of all

those who, though from circumstances themselves placed without its sphere, are yet cognizant of its effects. The institution of a professional authority, from which some alleviation of this grievous evil may be expected, is hailed with the deepest satisfaction, and its announcement received with gratitude. Here, therefore, the chief objections urged against the measure are directed, first, against the removal of the little protection which had heretofore existed, and secondly, to the constitution of the proposed Board of Controul, as being such as but imperfectly to represent the various classes of the profession.

The bearing of the measure on the whole profession as a body, and on different classes of it individually, we purpose hereafter to consider, but in the meantime, looking to the Corporations, it would be strange, affected as are their interests, were they not to be found taking an active part in the discussion of its claims. The Apothecaries' Company, whose very existence is at stake, of course repudiate the Bill altogether. The Council of the College of Surgeons having obtained their charter, such as it is, and commenced the working of it, according to their own peculiar fashion, will, we shrewdly suspect, be found tolerably well satisfied with things as they are, and it would be no surprise to us, were they even to be found strong in opposition to the Bill. What course the slow and deliberative wisdom of the College of Physicians may determine upon does not yet appear; they are probably sufficiently informed that whatever may become of the Bill, their amended and extended charter will be granted.

However this may be, we feel assured that the passing of a bill for the regulation of the entire Medical Profession, has now become of the utmost importance to the general practitioner, and consequently to a very large majority of the medical community. Let us not be misunderstood. We do not believe that the passing of Sir James Graham's Bill, in its present form, would be a benefit to the profession at large; on the contrary, we believe that it would be a serious calamity both to the profession and the community were its several provisions, as they stand, to become part and parcel of the law of the land. The amendments and alterations pointed out as necessary at the various meetings which have taken place, and especially

those which refer to the protection of the profession and the public from quackery, to the constitution of the Council of Health, and the position of the general practitioner, must be adopted to make it eligible for the purposes for which it is professedly intended. Without such amendments its effects cannot be otherwise than injurious. But if the alterations called for are conceded, and the due status of the general practitioner secured, either in honourable connection with the Colleges of Physicians and Surgeons, or failing this, by the granting of a separate Charter of Incorporation, the provincial practitioners, especially, should beware of casting away the only chance which they may have for years to come of obtaining a recognized medical authority, competent to understand, and with power to redress their many grievances, which, although they may be lost sight of in the present turmoil, daily experience renders only more intolerable.

Having thrown out these general observations, we have a reflection or two to make on the value of a vote of thanks. Here also the apparent nature of the object partakes of the tone of mind of the individual who regards it. Some friends of ours, for whom we have a great esteem, consider a vote of thanks to imply, not merely the expression of gratitude for an act of good-will performed or intended, but a general approval also of the whole conduct of the individual, in reference to that particular act, to whom it is given. This, however, is not the sense in which the thanks very generally expressed to the Home Secretary and the Members of her Majesty's Government, at the meetings held to discuss the bill, are to be taken. They are simply, and nothing more than, an acknowledgment by the members present of the trouble and attention bestowed in the consideration of the subject, in the drawing-up of the necessary provisions, the bringing them together in a fitting form the introduction of them with authority into the legislature, and the affording of sufficient time for their discussion by the profession. It is a courteous return for courtesy rendered, and implies neither an approval of the bill as a whole, nor of any of its parts, and would be equally due were the profession at once to reject the measure.

A contemporary, not by any means distinguished for courtesy, says, in reference to the proceedings

of the Taunton meeting, "A vote of thanks was bestowed on us at this meeting, but we scarcely know how to acknowledge it, as a similar compliment was conferred on the editors of journals which have given to the vile Bill a strenuous support." We are not aware of the existence of any journal that has given strenuous support, or, indeed, any support at all to the Bill as it stands, and conclude, therefore, that this is merely one of the usual flourishes of the editorial stiletto. The Editor of the *Lancet* must surely know that any vote of thanks in which he may participate with his contemporaries can have reference only to his exertions in the same cause, and implies neither approval of the manner in which he upholds it, nor of the usual character of his lucubrations.

One effect of the superior education of the members of the medical profession, secured to them under the provisions of the Apothecaries' Act, and constituting not the least claim which the Society of Apothecaries has on our gratitude, is a high degree of improvement in moral tone and gentlemanly feeling. The rancour and abuse with which the pages of our contemporary are disgraced find no sympathy with any right-minded man, and are both distasteful to the members of a liberal and enlightened profession, and injurious to the interests of any cause with which he takes upon himself to intermeddle. We need only request our readers to reclaim from the dust in which they lie buried some of the former volumes of the *Lancet*, and to glance over the columns of wretched verbiage, relating to the "old hags of Rhubarb Hall," as the highly respected gentlemen who are now the objects for the time being of his encomiums, were commonly termed by him, and they will have little difficulty in perceiving how much the Society of Apothecaries have to thank the hon. Editor for his good word.

We have no wish to prolong this unpleasant theme, nor should we have entered upon it at all, had not the incendiary attempts to foment discord among the members of our profession, at a time when the object of every well-wisher to the cause of reform should be as far as practicable to promote union of effort, been week after week repeated. In taking leave of the subject for the present, we will venture to bestow an

admonition, extracted from his own pages, and "remind our contemporary that vulgar and coarse vituperation, at all times objectionable, becomes especially so, when it is used in discussing questions which comprehend so many strictly scientific considerations." This admonition, in the columns of the *Lancet*, is intended for the *Dublin Medical Press*, in answer to a richly-merited castigation, bestowed in consideration of some delinquencies of a similar nature to those we complain of. The advice is in itself good; there are few who may derive more benefit from following it than the hon. Editor himself.

SHEFFIELD MEDICAL SOCIETY.

NOVEMBER 28, 1844.

THE PRESIDENT IN THE CHAIR.

The President exhibited a piece of small iron cannon, which burst while being charged. The piece weighed twenty-one drachms, and was three inches in length, and had been driven through the head of the tibia of a boy aged 15, and was removed from the opposite side by incision, through the skin, which was raised but not pierced by it. The tibia was fractured longitudinally, but not across, and the reticular structure was shattered considerably. The right hand and wrist were so shattered as to require amputation. There is now a small ulcer only at the point of entrance.

FUNGUS OF THE BLADDER.

A specimen of fungus of the bladder was exhibited by Dr. Favell. The patient from whom it was obtained was by trade a house-painter, and 67 years of age. For a period of three years he had been subject to attacks of hæmaturia, which continued for an uncertain time, but generally passed off in a few days, and in the intervals he enjoyed his usual state of health. His habits were extremely regular and moderate. At the time when he became a patient of Dr. Favell, he had been passing considerable quantities of blood in his urine for six weeks. The countenance was blanched, pulse feeble and jerking; bowels confined, and appetite bad; there was great prostration of strength, and he complained of pain about the neck of the bladder whenever he voided urine. Pressure over the hypogastric region also occasioned considerable pain; there was no pain in the region of the kidneys; no pain or retraction of the testicle; no uneasiness or numbness in the thigh; and no sickness. On a *post-mortem* examination, the structure of the kidneys was found quite healthy, but the pelvis of each greatly distended. Both ureters were sufficiently dilated to admit a moderate sized finger; the bladder was distended with semi-coagulated blood, on moving which a large fungous growth, was found occupying the greater part of the lining membrane of the posterior surface. The entrance of the ureters was in the midst of the fungus.

FUNGUS HÆMATODES OF THE THYROID GLAND.

The subject from whom this specimen was obtained, which was also shown by Dr. Favell, was a stout man, 53 years of age. He had always rather a full neck, but suffered no inconvenience from it till a few weeks before his death. The enlargement was very rapid, and the pressure upon the larynx so great as to bring on asphyxia. An attempt was made to afford him relief by dividing the cervical fascia, which by allowing the tumour to come forward, would correspondingly diminish the pressure upon the windpipe. He cheerfully submitted to the operation, which was performed by Mr. Thomas, and expressed himself greatly relieved by it; but he died in about twenty hours afterwards, and in less than a week after he first applied for medical assistance.

CASE OF EMPYEMA: PARACENTESIS THORACIS.

Dr. Branson read the details of a case of empyema, in which the operation of tapping had been twice performed. After alluding to the comparative rarity of the disease in practice, he referred to the antiquity of paracentesis thoracis, the operation having been practised from the time of Hippocrates, and also gave an account of the method adopted by Ambrose Paré. He then mentioned the cases described by later authors, particularly Dr. Hughes and Mr. Cock, (Guy's Hospital Reports, for April and October 1844,) and stated that the extraordinary success in the results might perhaps be attributed to two causes, 1st, to the more accurate diagnosis of the effused fluid by means of percussion and auscultation, and consequently the earlier application of the remedy; 2nd, to the improvement of the instrument employed.

The subject of the present case was a delicate young man, aged 19, of a scrofulous diathesis, of studious and sedentary habits. On the 9th of May last he was attacked with feverish symptoms, and on the 11th, complained of an acute darting pain in the left side. He was bled twice, but on the 13th, having expressed himself dissatisfied, the visits of his medical attendant were discontinued. During the next seven days, the only treatment was the application of a blister to the chest, by the advice of a non-professional friend. When seen by Dr. Branson on the 21st, he appeared like a person far advanced in phthisis; much emaciated; cheeks sunken, and showing a hectic flush; eyes bright; great expansion of the nostrils; *ungues adunci*; respiration laboured, 30 in a minute; pulse 110, compressible. The ribs of the right side expanded freely and fully, while the left side of the chest was perfectly at rest, and he could only lie on the motionless side. Dulness on percussion over the whole of the left lung; respiration scarcely audible, except at the apex, where a slight bronchial breathing could be detected; on the right side complete resonance and puerile breathing; no difference in the measurement of the two sides; cough very troublesome; expectoration in twenty-four hours, amounted to only a few mouthfuls of frothy mucus.

On the 28th, the pulse had risen to 120; the difficulty of breathing was aggravated, and any attempt to lie on the sound side, (the right,) produced most distressing fits of coughing. The left side appeared to the eye larger than the right, and on measurement an inch below the nipple, was found three-quarters of an

inch more, and the intercostal depressions were obliterated. Apex of the heart pulsated just to the right of the sternum; there was great tenderness of the intercostal spaces, and in addition, he was threatened with bed-sores, but these were relieved by the nitrate of silver.

June 3. The left side was now one inch and an eighth larger than the right. The apex of the heart was felt beating an inch below, and to the outside of, the right nipple. Breathing frightfully embarrassed, and the coughing produced a fear of suffocation; the right side heaving violently, the left quiescent; not the slightest respiratory murmur on the left side; great pain below the left scapula; countenance extremely distressed.

All hope of promoting absorption was at an end, and as death seemed to be imminent, Dr. Branson recommended paracentesis thoracis, and requested Mr. Henry Jackson to perform it. The existence of pus having been first proved by a grooved exploring needle, an incision was made through the skin, and a smallish trocar introduced between the seventh and eighth ribs below the angle of the scapula, and here a difficulty occurred which was not anticipated. The ribs, contrary to the usually received opinion of their being separated by the fluid, were so closely pressed together as to cause considerable impediment to the entrance of the trocar. This is fully in accordance with the account given by Mr. Cock, in Guy's Hospital Reports. On withdrawing the trocar, a stream of pus, at first steady, though somewhat increased in fulness on each inspiration, issued through the canula. When about a quart had issued, the stream became less steady, and spite of every care, the entrance of air could not be prevented. As the patient became faint, and the pulse began to fail, the canula was withdrawn, and the wound closed. The quantity evacuated was one quart and six ounces. The patient did not seem very greatly relieved, but thought he could breathe more freely, and could lie on the right side with less difficulty. He was too much exhausted to admit of any minute examination of the chest, but the sound over the apex of the left lung anteriorly was changed, a preternatural resonance being found in place of the previous dull sound. Position of the heart unchanged. Four hours after the operation, the breathing was less difficult, and the cough less frequent; pulse 120, wiry.

June 4th, the day after the operation.—Pulse 100; apex of heart to be felt an inch below, and internal to the right nipple, and towards evening bronchial breathing, weak and distant, was heard under the left clavicle.

From the 4th to the 11th the patient had restless nights, with morning remissions and evening exacerbations; weakness extreme; but the urgency of the symptoms was not so great, and it was evident that life had been prolonged by the operation. The apex of the heart was an inch to the sternal side of the right nipple, and on the 6th he could lie more comfortably on the right side. Dyspnoea less frightful, and the paroxysms of coughing less prolonged. In the recumbent posture the whole of the left lung anteriorly was resonant, but when raised, the line of dulness reached nearly to the left nipple. On the 10th, the left side measured fourteen inches, the right thirteen. Expectoration scanty, tough, and sometimes frothy; pulse from 100 to 120; respiration from 30 to 34 in a minute. There was no

ægophony. On the 11th, well-marked metallic tinkling was found; strong diaphragmatic action excited, causing a churning of the pus, attended with great pain.

On the 12th, an emphysematous swelling was found about the size of the hand round the puncture. On making gentle pressure, this was heard by the stethoscope to enter the pleural cavity with a gurgle. Before the air had been pressed back, respiration was audible over the upper part of the left lung, but afterwards this was lost,—an answer to those who contend that the entrance of air during the operation is harmless; for how can it be harmless to supply the place of one fluid by another. On coughing, the metallic sound was more prolonged than usually described.

On the 13th, the emphysematous swelling had reappeared, the metallic sound was again heard, and the voice through the stethoscope sounded as if it passed through a brazen tube. The only chance for the patient appeared to be by the evacuation of the remaining fluid, not with any prospect of ultimate success, but to afford temporary relief, and a trocar was again introduced, and nearly a quart of thick pus was evacuated. This time a small trocar was introduced, and by the aid of an elastic bottle, whose nozzle fitted into the canula, the admission of air was in a great measure prevented. (This apparatus has since been improved by the addition of a second stop-cock, which appears likely to answer very satisfactorily.) The evacuation of the fluid was equable and slow; a circumstance much to be desired. The patient expressed himself much relieved; but nature was too much exhausted, and towards evening he became restless, and died about three o'clock on the following morning.

On inspection, twenty-eight hours after death, no difference in measurement of the two sides was found, each half being thirteen inches. The intercostal spaces on the left side were less prominent than during life. Nearly a quart of pus, thick and creamy, was found in the left pleural cavity. The left lung was much condensed, and closely pressed against the mediastinum. The left pleura was thickened and coated with a layer of delicately flocculent lymph. The pleura covering the lower lobe was connected with the pleura costalis by a firm broad band of lymph. The trocar had passed between the eighth and ninth ribs, and not, as intended, between the seventh and eighth, and only just above the diaphragm. The heart was small, and pushed completely to the right of the sternum. A small quantity of serum was found in the pericardium. Heart pale, and a small patch of lymph was found on it. Right lung healthy, as also the abdominal viscera.

One important fact may be deduced from this case: that the success of the operation depends on its early performance, and that as soon as ever the physical signs lead to the suspicion of the presence of pus, the exploratory puncture should be made. In this case doubtless the operation was too long delayed to ensure ultimate success, but it went to prove that in cases where it is of consequence to prolong life, even a short time, it may properly be attempted. Another point of practical interest, is the best situation for puncture. This case proves that the space between the eighth and ninth ribs is not one to be selected as there is greater risk of wounding the diaphragm, which is confirmed by two cases related by Mr. Cook. When the patient

is not like this one, much exhausted, it may be possible to move him so as to evacuate the lower part of the pleural cavity; but in cases of great exhaustion, it is desirable that some flexible tube should be used, and a question arises whether a curved canula, with a chain trocar, could not be made to answer the purpose.

Several cases were related by members of the Society, and Mr. Jackson exhibited the instruments which were used, and also the apparatus invented by Mr. Snow.

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

(Concluded from page 595.)

The register provided by clause 13, and the penal clause 31, valuable as they would be in connection with other parts of a Medical Bill, would yet afford but a very inadequate means of protecting the public against unqualified practitioners of medicine and surgery. The absence of such protection forms a distinguishing, and, in my opinion, a thoroughly objectionable feature in this Bill. Let me, however, in justice, acknowledge that Sir James Graham shares his opinions on the subject of protection with many members of the profession, whose sentiments, no less than their characters, are entitled to the highest respect. Let it also be remembered, that in the year 1841, the Colleges of Physicians and Surgeons, and (I believe) the University of Edinburgh, the University of Glasgow, and the Irish College of Surgeons, put forth statements containing the same views. We cannot, therefore, be very much surprised that the Right Honourable Secretary should have adopted them; and, under the circumstances, they who think differently ought not to stigmatize him as an enemy of the profession, and as wishing to degrade it—as some have hastily averred. With all deference, however, to Sir James Graham, and those who coincide with him on this point, I must beg to express my firm assurance, that to remove the restrictions already existing, (imperfect though they be,) without substituting others quite as stringent, and more so, would be to inflict an unspeakable amount of injury on the public, and a flagrant injustice on the qualified members of the profession. It is impossible to exaggerate the importance of this subject. In discussing it, three questions very naturally present themselves—

1. Is it the duty of the State to protect the public health?

2. Is it wise or expedient in the State to adopt measures for providing a body of men to take charge of the public health?

3. Should the State encourage men of liberal education and acquirements to become members of that body?

If these questions be answered in the affirmative, the proper conduct of the State in reference to medical practice must become apparent, and the necessity of restrictions can hardly be denied. There are those, however, who are ready to allege, on the other side, that it is difficult to define what is meant by medical practice—that the restrictions which have been made

in times past have not succeeded in abolishing irregular practice—that quackery has existed in every age, and will continue to exist, in spite of legislation; and whilst the art of medicine is imperfect, the State has no right to say to a desponding invalid, “You shall not consult Mr. A. or Mr. B., because he has no license to practise”—and that, as you cannot suppress unauthorised practise, you should leave it alone.

That quackery is, in this country above all others, an evil of enormous magnitude, few will dispute. The public are but very imperfectly informed as to the amount of injury it inflicts; for while its *pretended* cures are continually trumpeted forth, it is only now and then that some glaring instance of malpractice makes us acquainted with its failures and atrocities. The victim of quackery is unwilling to incur the ridicule that would follow the confession of his gullibility, in placing himself under empirical treatment. If, then, quackery be an acknowledged evil, it is one that well deserves the attention of Government and the Legislature. To abolish it *entirely* by Act of Parliament is impossible. As long as ignorance, and credulity shall exist, so long will quackery continue, and, in shapes that would probably evade any—the most stringent—law that might be made against it. But it can be *mitigated and controlled*. Some check can surely be placed upon it; and what can be done, ought to be done, to counteract the frightful consequences of a system replete with fraud and with danger to the public welfare. The little that has in this way been effected hitherto, forms no argument against further efforts, any more than the impossibility of *annihilating* quackery affords a reason for legalizing it.

A distinction may, I think, without impropriety, be made between the open, avowed, advertising quack, and the *irregular medical practitioner*; by which term I would designate the man who acts under false colours—who, having no legal qualification, would yet have the public *believe* that he is qualified—that all is right in his case. His pride prevents him classing himself with the quack, but it does not prevent his endeavour to assume another character, to which he has no title. The quack is the more honest man of the two. He makes no pretensions to regularity: he has a system of his own. His professions are so extravagantly absurd, that there is no mistaking him. The spurious practitioner is the more *dangerous* man of the two. He is, moreover, the greatest enemy the qualified practitioner has to contend with. The misdeeds of the quack are not imputed to the regular profession. The case is different with the *quasi* licentiate. The public will not take the trouble to distinguish between him and the qualified member of the profession. This is the class of persons whom the Apothecaries' Act has kept in check. Their definition is not difficult; and any bench of magistrates would be able to detect their usurpation and imposture. It may be said, that legislation has not prevented the existence of an immense number of such practitioners. This is true, and the reason is obvious: the expensive nature of its prosecution has prevented the Apothecaries' Company from using the power vested in it by the Act of 1815, except in a limited number of instances. There would have been *many more* irregular practitioners if there had been no such Act; and if the punishment of offenders had been made *summary and inexpensive*, the

infringements thereof would have been comparatively few. For an illustration of the evils resulting from uncontrolled practice, let those who are old enough call to mind the state of things before 1815. With the best of laws, however, and the strictest surveillance, I admit that it would be difficult to suppress *entirely* irregular medical practice; but are we on this account to make no effort to suppress as much of it as possible? Consistently with such a doctrine, the criminal code might be repealed, inasmuch as the “terrors of the law” do not prevent murder, burglary, and arson. The register, it may be said, would point out who are legally authorised practitioners, and if people choose to employ unregistered persons, they would have themselves to blame. This may be very fine in theory, but it would be very mischievous in practice. Of the whole population of this country, how many would know anything about the register? How many, if attacked with sudden illness or accident, would be able to consult a register, to ascertain if the nearest practitioner's name were inserted there? How many unqualified persons are at this moment acting as medical assistants? (A return of their names would be an interesting parliamentary document.) Under the auspices of the new bill, they would not long remain *assistants*. They would soon aspire to become *principals*, and would not be very scrupulous as to the means of ingratiating themselves meanwhile with the patients of their employers. This is a very serious consideration, but not quite so serious as the position in which the chemists and druggists would be placed by the measure, when no longer confined to their *counters*, they would be at full liberty to *visit* and prescribe without let or hindrance. With them, the irregular practitioners, and the quacks, put in array against him, the general practitioner would have a *sad* struggle to keep body and soul together, or to procure a maintenance for those who might be dependent upon him for support. The public welfare and safety should, of course, be the paramount consideration with the Legislature. But are the interests of the medical body deserving of no attention? Have we no claim upon the State? We have, I contend, a very strong claim; and the removal of the restrictions would press upon us, or rather those who may come after us, most oppressively and unjustly. It happens, however, that in the present instance, the welfare of the public and of our profession are closely and inseparably identified; and for the sake of society—for the sake of the qualified members, of an honourable, but an arduous, an anxious, an ill-requited profession—let us hope that henceforth every possible barrier will be opposed to unauthorized medical practice. How is a high standard of qualification to be encouraged and maintained, how is the “knowledge of physic and surgery” to be “promoted,” if protection and *bond fide* privilege be not given to those who are willing to devote time, labour, and money, to their attainment? How is the profession to meet with public confidence, if medical men be not distinguished as a *body* for their knowledge and acquirements? If registered and unregistered are to be alike permitted to practise, the medical character will be deteriorated. The blunders, ignorance, and misconduct of the unqualified portion, will be charged to the *mass*: they will leaven the whole lump. The public will become timid and distrustful

of medicine, and of medical men. Learning and capital will be diverted into other channels. What is said about interfering with the liberty of the subject in connection with his choice of a medical adviser, I estimate very lightly. When that liberty threatens to be dangerous to himself, or detrimental to his family or society, it should be restricted. To be consistent, Sir James Graham should not interfere with gambling. Why should people not be permitted to indulge their propensity to be cheated in pocket as well as in health and life? Would the consequences be less injurious to themselves and those who depend on them in the former than in the latter case? On this part of the question of Medical Reform, I humbly think Sir James Graham has been ill-advised, and sincerely do I hope that he will be induced to reconsider it, and listen to the *almost unanimous voice* of the profession, on a matter with which it *must* be fully conversant. It forms no light argument in favour of the view I am endeavouring to support, that at all the meetings which have been held to discuss this bill, how much soever the parties attending them may have differed on other points, they have been unanimous as to the impolicy, the danger, the injustice of throwing open the profession to ignorant and unauthorised pretenders. And who are the persons holding these sentiments? Are they young men just entering upon practice, and whose interests would suffer from the proposed innovation? No: they are men of long-standing and experience, who have nothing personally to gain or lose by any change in the law, but who are actuated solely by a desire to promote the well-being of the public and the honour and respectability of their profession. It is truly gratifying to see them display so much spirit and energy at the present crisis; and when we find the chairs at their meetings occupied by the senior practitioners of the respective localities, we may be encouraged to hope that their representations and opinions will meet with attention in the proper quarter.

I hope that many more such gatherings will take place, and that the bill will be discussed in a fair and dispassionate manner. Indiscriminate condemnation should be avoided. Some of its provisions are excellent; others are susceptible of improvement, (especially in matters of detail), and this they would probably receive in a committee of the House of Commons; in some essential points, as in the removal of restrictions, &c., it would, in the opinion of a vast majority of medical men, prove not less injurious to the profession, than to the public. If, however, we reflect on the long period during which the subject of Medical Reform has been in agitation, and on the unsettled state of medical affairs at this moment—a state unsatisfactory to all, and positively hurtful to medical students and schools, we should not on insufficient grounds, throw aside the opportunity of obtaining a bill, “for the better regulation of Medical Practice.” The Parliamentary recess has been fortunately allowed us to consider the whole matter in connection with the measure proposed by Sir James Graham, and as the right honourable Gentleman cannot feel otherwise than desirous to be made acquainted with the opinions of the profession on the bill, those opinions should be freely, emphatically, and at once declared, and how strongly soever we may feel as to its faults and deficiencies, we should not altogether repudiate it, before ascertaining whether

its author be willing so to modify and amend it, as to correct the one and supply the other. A *perfect* bill we must not expect; a bill that shall satisfy every one, we may look for in vain; the profession is not in a state to submit to the Legislature, a measure emanating from itself, and I firmly believe we shall obtain *no* bill, unless it either be introduced by one of her Majesty's Ministers, or with the sanction and support of the Government. The profession (with few exceptions) has entered on the consideration of the bill in a proper spirit, and we may feel assured, that if any change is to be effected in the views and intentions of Sir James Graham, it must be brought about, not by declamation and invective, but by a candid, earnest, and temperate statement of opinion. Vituperation is a bad substitute for argument; moderation of expression is quite compatible with energy and warmth of feeling. When we consider the endless varieties of opinion existing on the subject, its admitted difficulties, the failure of former attempts at legislation, the many and perhaps conflicting interests concerned;—when, too, we call to mind the apathy displayed by his official predecessors in regard to medical reform, we should feel obliged to Sir James Graham for directing his attention; and that of Parliament, to this complicated question, and should give him credit for being actuated by good intentions towards the profession, although some of the remedies he proposes to apply to its unhealthy and disordered condition (possibly after an imperfect examination thereof) may not, in our opinion, be the most efficacious that could have been prescribed. It would indeed be surprising if, under all the circumstances of the case, the bill should require neither revision nor amendment, and that this may be obtained to an amount commensurate with the *just and reasonable* demands of medical practitioners, the interval between the present time* and the re-assembling of Parliament, should be actively employed gathering their sentiments on a subject of vital importance to their own interests, and to those of the entire population of the United Kingdom. Meetings should be held in every county, petitions prepared, Members of Parliament instructed as to their contents, and urged to support them, memorials should be forwarded to the Home Office, and deputations of physicians and surgeons from various parts of the kingdom, *accompanied by Members of Parliament*, should seek interviews with Sir James Graham. The result will show whether this, or any other bill that may be submitted to the Legislature, must be supported or opposed; and whatsoever that result may be, *the profession*, at least, will have done its duty.

There are several points in the bill to which no allusion has been made in the preceding remarks. At present, I must forbear entering more fully into the subject, and in excuse for the length of this letter, must plead my desire to co-operate with my former associates in the north of England, in advancing the cause of Medical Reform.

* Mr. Carter's letter is dated 5th of October, 1844. [Ed.]

INCORPORATION OF GENERAL PRACTITIONERS: EXAMINING BOARD.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In your number for November 27th, there is a letter from Mr. Martin, of Reigate, in which that gentleman notices, in favourable terms, a letter I addressed to you a few weeks since, in which I advocated the incorporation of the general practitioners. To that letter I beg leave to make a few observations in reply.

In the first place, I may remark, that I see nothing in the present aspect of medical affairs, to lead me to suppose that any other course than the incorporation of the general practitioners can safely be advocated as an expedient measure. Did the Colleges of Physicians and Surgeons, even at this late period, show any sincere desire to admit, on an honourable and liberal footing, the general practitioners into their respective corporations—as Licentiates in Medicine in the College of Physicians, and as Licentiates in Surgery (where they are not already members) in the College of Surgeons, thus creating two distinct classes in each College, Fellows and Licentiates; the former including all consulting and pure physicians and surgeons, and the latter including all general practitioners; I, for one, believe, that the interests of the profession as a whole, would be best met by the body of general practitioners consenting to such an arrangement. In this case, the examination of the general practitioners in medicine would properly, I conceive, devolve on a mixed board, consisting of four or six physicians, and as many general practitioners, the president being a physician; and in surgery, on a board of four or six surgeons and as many general practitioners, the president being a surgeon. It is, however, but too probable that more exclusive views will prevail in the Colleges, and that we shall be spared the necessity of canvassing the details of any such scheme as this.

I may proceed, therefore, to consider what the plan of examination should be in case of the general practitioners being incorporated into a society or college. I am quite disposed to admit that, when incorporated, the general practitioners should be placed in an independent position as regards the examination of candidates for the license; and that care must be taken to guard against the introduction of "a body of men," to use Mr. Martin's words, "less skilled and less informed than the present race of licentiates." Co-operation and union, however, do not necessarily imply, and indeed may be far from implying, dependence; and I must still confess that I should wish to see the medical part of the examination conducted by a mixed board of physicians and general practitioners, in equal numbers, the president being always a general practitioner; and the surgical part of the examination by a board of surgeons and general practitioners, (the latter being the same individuals who assist in the medical examination,) in equal numbers, presided over by the same general practitioner, who should have the casting vote. I know that it will be urged that there are general practitioners who, without any aid from the Colleges, are fully competent to form an examining board, both in medicine and surgery.

This I am quite ready to admit, as regards medicine, to the full; though, as regards surgery, in the present condition of general practice in London, I feel a greater doubt. But if we even admit this competency to the full, I believe that the licence would be much more highly valued by the candidates for it, and would be really more valuable when attested by such signatures as those of a Watson, a Copland, a Williams, or a Forbes, in medicine, and by those of a Brodie, a Guthrie, a Cooper, or a Travers, in surgery, in addition to those of skilful general practitioners, than it would be if attested by general practitioners alone, however experienced and however able. As regards surgery, I incline to believe that such a course would be essential, in order to ensure a sufficient guarantee of the qualifications of the candidate in this department of practice. The examiners from the Colleges would be conferring and receiving honour by such an arrangement, which would be alike honourable to both parties. In such a sketch as this it would be premature, perhaps, to attempt to fill up the details as regards the method of election, &c., which will readily suggest themselves to the reader.

There is another part of Mr. Martin's letter in regard to which I beg to make a few remarks. Mr. Martin contends that the Court of Assistants and the Court of Examiners are distinct, and do not derive their power, from the trading part of the Society of Apothecaries; and, further, that these Courts are the virtual representatives of general practitioners. The Court of Examiners, I am aware, is thus distinct; but I am greatly mistaken indeed if the Court of Assistants, by whom the examiners are appointed, be not the ruling body of the trading company. The general practitioners of this country have received indeed their license to practise from the Court of Examiners, but I do not see how that constitutes the said court their virtual representatives. They are not admitted to any participation in the government, or the privileges of the society, or of the Court of Examiners; they have merely conferred on them the right to practise, and I would maintain that the general practitioners—the great third estate of the profession in England—are thus without either actual or virtual representatives in the medical polity of this country. The member of the College of Surgeons has some ties, slight and defective though they be, with the College, in the lectures, the library, and the magnificent museum of that corporation; but I am much mistaken if the licentiate of the Apothecaries' Company, after he has once received his licence, ever finds his way back to the hall in Blackfriars, unless in the capacity of a purchaser of drugs. The Court of Examiners have however performed their task well, and should certainly contrive a considerable quota of their number to the new examining board; indeed, in case of any charter of incorporation being granted to the general practitioners, it would only be a proper compliment to these gentlemen that such charter should be made out in their names, coupled with those of a sufficient number of the leading general practitioners, both of the metropolis and provinces of England and Wales.

It is to be hoped that, in this juncture, the general practitioners of England will display that energy and firmness, coupled with moderation, which are calculated to secure to them that place in the medical body

politic which I think they have a right to seek; and which the real interests of our profession, as a whole, appear to me also to demand.

I may be allowed, in conclusion, to remark, that the great danger at the present moment, appears to me to be that of one grade of the profession seeking its own interests, irrespective of those of the profession as a whole, and endeavouring to elevate itself at the expense of some other grade, whether that grade be above it or below it. Let us hope that class interests will cease to be our sole principle of action; and that, in this great struggle, and golden opportunity, for a healthy organization of our profession, Ephraim, so to speak, will no more envy Judah, nor Judah vex Ephraim.

I again take the liberty to subscribe myself, simply
MEDICUS.

MODE OF REMUNERATION OF THE GENERAL PRACTITIONER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

May I solicit the favour of insertion in your columns, if not considered intrusive, for a few observations which I deem worthy of the consideration of the General Practitioners of England, especially at the present epoch of the profession of medicine.

It is unnecessary for me, in the 19th century, to advert to the blessings which the healing art has conferred upon suffering humanity. It is, I am sure, equally needless to question the disposition of the majority of its members, (the General Practitioners,) to uphold its respectability; but from custom they have, perhaps, hitherto unavoidably, given the public a false impression of their position, for the most part, by the form in which they seek a recompense for their inestimable services. I allude to the prevalent practice of "sending in the bills" to their patients, and in other ways leading them to suppose that they are, what a contemporary medical journalist rather ill-naturedly calls them, (and it must be admitted with some truth,) "The medical tradesmen in England."

If we seek for a "college" for the General Practitioners, (by whatever appellation it may be called,) which is now the most expedient course to pursue, let us render ourselves worthy of this dignified position, which the public will acknowledge we are entitled to, by aiding in obtaining for us; let us convince Sir James Graham, (be it said with all respect for this exalted personage,) that we are worthy of a better name than mere "vendors of medicine." Let us still continue to practise as discerning physicians, (for I submit the Legislature, in the Act of 1815, however questionable its propriety, gave the Apothecaries' Company the virtual powers, though not the name, of a College of Physicians, and thereby have created a body of medical practitioners, whom the present Legislature now rather unceremoniously deals with,) undaunted surgeons, gentle accoucheurs, and scientific pharmaciens; but in the name of an honourable profession let the "Doctor's shop" not be a term to be found in the vocabulary of the general practitioner, to whom the year 1845 is likely to make a new era in the

practice of medicine. Let our demand for service rendered be made for such, but not for medicine, the actual amount being still the same, adapted to circumstances. If this change was accomplished, in my humble opinion, the "vendors of medicine," soon ceasing to exist, the general practitioner would still continue an actively employed and more highly valued member in the medical body, occupying a more appropriate position in the medical faculty, and in public estimation. To make this change effectual, it must commence with the senior practitioners, and be resolutely adhered to by all.

That the time has arrived for this alteration will, I hope, be conceded, especially when it is considered that this amendment is almost implied by the general practitioner seeking, from the oligarchical representatives of an aristocratic country, a Royal College of Incorporation.

I am, Sir,

Yours obediently,

ROBERT HUTCHINSON POWELL,
Licentiate of the Apothecaries' Company, London;
M.R.C.S.; M.B., London University.
Tunbridge Wells, Dec. 17, 1844.

SIR JAMES GRAHAM'S MEDICAL BILL.

MAIDSTONE MEETING.

At a meeting of the Medical Profession of Maidstone, and its vicinity, held at the West Kent Infirmary, on Friday, November 15th; present:—Wm. Sibbald, Esq., M.D., in the chair; Mr. T. Day, Dr. J. J. Power, Mr. Wedd, Mr. Sedgwick; Mr. Joy, Staplehurst; Mr. Prance; Mr. Hitchings, Seal; Mr. Sankey, Leeds; Mr. Whitfield, Biddenden; Mr. Henry Pout, Yalding; Mr. Robert Perry, Marden; Mr. J. Otley, Mr. G. Sanders, Mr. Geo. Leney, Mr. Allwork; Mr. Ayerst, Boughton; Dr. Imlach, Sittingbourne; Mr. Alfred Atkins; and Mr. Trevanion V. Oates, Secretary. The following Resolutions were adopted:—

Moved by Mr. Hitchings, of Seal; and seconded by Mr. Prance, and carried unanimously:—"That this meeting desires to express its satisfaction that the legislature has at length evinced a disposition to amend the present anomalous condition of the medical profession; and they feel grateful to her Majesty's Government for having more immediately taken this measure under their management, as affording the best prospect of its being carried into effect. Whilst fully approving of many of the principles contained in the proposed bill, they cannot refrain from pointing out others, requiring extensive modification, before being permitted to become the law of the land."

Moved by Dr. Power, and seconded by Mr. Godfrey Sanders, and carried unanimously:—"That this meeting approves of the Council of Health and Medical Education, as being calculated to promote the respectability and protect the interests of the medical profession. It is, however, the opinion of this meeting, that the proposed constitution of the board requires further consideration, and that it will fail in giving satisfaction, whilst the Government influence so greatly preponderates, and whilst the largest and most influential portion of its members, the general practitioners, and those resident in the provinces, are not adequately represented."

Moved by Mr. Joy, of Staplehurst, and seconded by Mr. Perry, of Marden, and carried unanimously:—"That this meeting offers its unqualified approbation to those clauses of the Bill which ensure a uniform and efficient course of education, and a uniformity of qualifications, by the abrogation of all local restrictions. They approve also of the system of registration of all qualified practitioners, but would suggest, that in order to be effectual, this should be made compulsory; and that a list of the duly registered should be annually published."

Moved by Mr. Wedd, seconded by Mr. Otley, and carried by majority:—"That this meeting is of opinion that those, who, in conformity with the provisions of this Bill, shall have, by a prolonged and expensive course of education, duly qualified themselves for practice, ought to be protected in the exercise of it, against the open and unrestricted competition of the unqualified. They therefore view with regret and disapprobation the proposed removal of all existing restrictions on unlicensed practitioners, and would suggest the necessity of some penal enactment, of easy application, whereby summary punishment, by fine or imprisonment, may ensure to the profession its just privileges, and afford to the community in general the same protection which other clauses of the Bill provide for the inmates of hospitals, prisons, and work-houses. This meeting would further respectfully submit to Government the propriety of withholding the indirect sanction afforded: to illicit practice, by the levying of duties upon quack and patent medicines, and by the tacit permission which is granted to the advertisement of secret remedies, and other announcements, alike discreditable to this country, injurious to the public health, and offensive to public decency."

Moved by Mr. Prance, seconded by Mr. Leney, and carried unanimously:—"That the foregoing resolutions be published in the local papers, and a copy of them transmitted to the Right Honourable the Secretary of State for the Home Department, and to each of the members for this borough and division of the county, to the Editors of the Medical Periodical Press, and to the Editor of the *Times* daily newspaper; and that a petition to the Honourable the House of Commons, based upon these resolutions, be submitted for the approbation and signature of the members of the profession now present."

Moved by Mr. Sedgewick, seconded by Mr. Whitfield, of Biddenden, and carried unanimously:—"That the petition now read* be approved of, and that it be forwarded to the senior member for the borough of Maidstone for presentation to the House of Commons; and that copies of the same be forwarded to the other member for the borough, and to the members for this division of the county, with a request that they support the prayer of the petition."

Moved by Mr. Leney, seconded by Mr. Otley, and carried unanimously:—"That the thanks of the meeting be given to the Editors of the following periodicals:—The *Lancet*, *Medical Gazette*, *Provincial Medical and Surgical Journal*, and the *Times* daily newspaper, for their strenuous exertions on behalf of the general practitioners, and their advocacy of medical reform generally."

Moved by Dr. Power, seconded by Mr. Sankey, of

Leeds, and carried unanimously:—"That the thanks of this meeting be given to Dr. Sibbald, for his kindness in the chair, and for his exertions in forwarding the objects of this meeting."

* The petition, as usual, embodied the resolutions of the meeting.

SUNDERLAND MEETING.

On Wednesday, December 11th, a meeting of the Medical Profession, to take into consideration the provisions of Sir James Graham's Medical Bill, was held at the Sunderland Infirmary, Dr. Brown in the chair.

The following resolutions were passed:—

Moved by Mr. R. Orton, and seconded by Mr. Potts:—"That this meeting regards with great satisfaction the introduction into parliament of a bill for the better regulation of medical practice throughout the empire, by the Secretary of State for the Home Department."

Moved by Mr. Robert Gregory, and seconded by Mr. S. Lee:—"That this meeting approves of the formation of a presiding Council of Health and Medical Education, but at the same time most decidedly objects to the mode in which it is proposed to be constituted, whereby almost the whole of the members would be appointed by the government, and the profession at large would be inadequately represented, and that numerous and important class—the general practitioners—would be left destitute of all representation whatever."

Moved by Mr. Watson, and seconded by Mr. William Dixon:—"That this meeting regrets exceedingly that principle of the Bill which removes all restraint from medical practice, as a measure most detrimental to the welfare of the public, and most injurious to the true interests of the profession; and considers it an imperative duty to urge upon the government, by every proper means in its power, the necessity of protecting (by the enactment of a summary penal clause) the regularly educated and registered practitioner, as well as the public at large, from the inroads of the ignorant and empirical pretender."

Moved by Mr. S. Green, and seconded by Mr. Croudice:—"That this meeting likewise considers that any measure would be incomplete without imperatively imposing on the profession a clause for registration."

Moved by Mr. White, and seconded by Mr. Oliver:—"That this meeting views with great satisfaction the plan suggested of incorporating the general practitioners into a college by royal charter, whereby their interests would be protected, and the representation in the Council of Health and Medical Education so much desired, might be accomplished."

Moved by Mr. Harrison, and seconded by Mr. J. Gregory:—"That the committee be empowered to draw up a petition to Parliament, founded on the foregoing resolutions."

Moved by Mr. Wm. Gregory, and seconded by Mr. Green:—"That David Barclay, Esq., be respectfully requested to present the same to the House of Commons, at the most fitting opportunity; and that Lord Howick and the members for the county be solicited to support the prayer thereof."

SHEFFIELD PETITION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Since, (and the word here has reference to a fact capable of easy proof,) Dr. Favell has thought proper to appear in your columns of the 20th November, for the purpose of preventing your readers being (to use his own expression) "*staggered by the petition*," a copy of which appeared in your number of the preceding week, and which petition is now in course of signature in this place, I must request you, in fairness to the numerous and respectable individuals who have already signed it, to insert this reply.

The Doctor "begged to observe," that this petition was not another petition which was adopted at a public meeting of the profession, held October 16, 1844. Now as both petitions have appeared in your Journal, and as they differ so much in their nature, it might have been imagined that your enlightened readers would have been able of themselves to discriminate between them, without the assistance of Dr. Favell. But further, the Doctor makes reference to a meeting of the profession, at which the petition which he favours was adopted, though not without opposition, and complains that the minority instead of "*submitting*" to the decision of the majority, "got up a counter petition; and he charges the parties so doing, with at the same time *secretly getting it up, and industriously carrying it about from house to house*." Now such a palpable self-contradiction requires no comment; and as regards the submitting part of the question, let me ask Dr. Favell by what authority he and his friends claim to control the opinions of a minority?

But it yet remains for Dr. Favell to prove that a *majority of the profession in this neighbourhood* approve of the views taken by a *majority of that meeting*, which was called by the signatures of the parties who were the parents of his favoured petition, and was attended by 36 gentlemen only out of from 96 to 98 who had been invited; when therefore considerable difference of opinion existed, it could not be supposed that such a meeting would fairly represent the profession here.

The Doctor does not seem pleased to see it announced that what he calls the "counter petition," had already received the signatures of a very numerous and influential body of regularly educated practitioners of medicine and surgery; and states that he has no means of knowing how far this statement is correct; and he seems to regret that the names have not been published. Now, as to the means used by himself to obtain information I know nothing; and there is not the slightest objection to publish the names, except that the petition could not then be received by the House of Commons. However, I will provide a copy, which shall be open for inspection at all times, either to the Doctor or any friend who has interest in the matter, and should the original be in my possession, no medical gentleman shall be refused a sight of it.

Once more; Dr. Favell regrets the names have not been published, "in order that the profession might be able to appreciate the amount of influence which in this neighbourhood is exerted in behalf of quackery

and imposture." So ridiculous, and uncalled for an insinuation will speak for itself. I leave it to Dr. Favell, and the cause which requires such advocacy.

I am, Sir,

Yours respectfully,

HENRY BOULTBEE.

Sheffield, Nov. 25, 1844.

VALERIANATE OF QUININE.

M. Francis Deray, physician to the Hotel Dieu, at Lyons, has lately published a memoir on the valerianate of quinine; its mode of preparation; its chemical and pharmaceutical characters; and its employment in intermittent fevers and neuralgia. The valerianate of quinine, in small doses, is a very efficacious antiperiodic, superior to the sulphate from its neurosthenic properties; neither does it give rise to the gastro-intestinal symptoms occasionally caused by the latter salt. The quinine is modified by its intimate association with a vegetable acid.

The valerianate of quinine is formed by one equivalent of valerianic acid, one of quinine, and two of water, one of which constitutes the water of crystallisation. It has a slight odour of valerianic acid, and a bitter taste, which resembles bark; it is easily dissolved in water at the ordinary temperature; alcohol dissolves it much better, and olive oil also has the same effect, on the application of a slight heat. The mineral, and most of the organic acids, decompose it. Submitted to a temperature of about 90° R. it loses one equivalent of water, softens, and melts into a resinous substance.

It is prepared in the following manner:—Into an alcoholic and concentrated solution of quinine, is poured a slight excess of valerianic acid; the whole is then suspended in twice its bulk of distilled water; the mixture is accurately stirred, and submitted to evaporation in a stove, at a temperature not exceeding 50°. When the evaporation of the alcohol has taken place, the valerianate is presented in the form of beautiful crystals, sometimes isolated, at others grouped together, which increase from day to day. It may also be prepared by double decomposition, by mixing the sulphate of quinine with the muriate of lime or barytes, dissolving both in weak alcohol.

The valerianate of quinine may be recognized by the following means:—1st. A concentrated alcoholic solution of the valerianate of quinine precipitates the neutral aqueous solution of the nitrate of silver; this precipitate is redissolved in a large quantity of water.

2nd. An aqueous solution of the valerianate of quinine does not precipitate that of the chloride of barium.

3rd. This aqueous solution, when boiled, gives rise to the separation of oleaginous drops of the melted valerianate.

4th. If this solution is treated with acids, there is a separation of valerianic acid, easily appreciable by its odour; and if this decomposition is effected with some crystallised valerianate of quinine and concentrated acid in solution, valerianic acid is obtained in an oleaginous form.

The valerianate of quinine, like that of zinc, being very easily decomposed, it is best to exhibit it in the most simple form, upon which its success in a great measure depends. We com-

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